



## COVID-19 ATTENDANCE REGISTER QUESTIONNAIRE

MSA monitors the situation regarding the Coronavirus daily and follows directives from the Government Health Authorities. The health and wellbeing of our community is our first priority. At this time, we will require you to answer the following questions. MSA reserves the right to deny anyone entry to the event.

|                                       |  |                              |                             |
|---------------------------------------|--|------------------------------|-----------------------------|
| <b>First Name:</b>                    |  |                              |                             |
| <b>Last Name:</b>                     |  |                              |                             |
| <b>RSA ID number:</b>                 |  |                              |                             |
| <b>MSA Licence number:</b>            |  |                              |                             |
| <b>email:</b>                         |  |                              |                             |
| <b>Cell number:</b>                   |  |                              |                             |
| <b>Residential Address:</b>           |  |                              |                             |
| <b>MSA Event:</b>                     |  |                              |                             |
| <b>MSA Event Date:</b>                |  |                              |                             |
| <b>MSA Permit number:</b>             |  |                              |                             |
| <b>Location of MSA Event:</b>         |  |                              |                             |
| <b>Do you live with other people?</b> |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If yes, please provide full contact details of all individuals residing with you:**

| Full Names | Full Contact Details (ID, cellphone, email & telephone numbers) |  |  |
|------------|---|--|--|
| 1          |   |  |  |
| 2          |   |  |  |
| 3          |   |  |  |
| 4          |   |  |  |
| 5          |   |  |  |
| 6          |   |  |  |
| 7          |   |  |  |
| 8          |   |  |  |
| 9          |   |  |  |
| 10         |   |  |  |

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

By completing and submitting this form, I hereby indemnify and hold harmless Motorsport South Africa NPC, all entities associated with the promotion and organization of the competition, the owner/s of any property on which the competition is held, and their respective officials, agents, servants and representatives, against any legal liability should I contract COVID-19 during the competition, regardless of the precautions taken to mitigate the risk. I understand and accept that I am present at the event at my own risk.