

## MEDIA Entry Form

<b>Name</b>	Given Name	Family Name	<b>M · F</b>	Date of Birth	D /            M /            Y /	Blood type	A · B · O · AB / RH + · -
				Telephone	<input type="checkbox"/> Home    No. + <input type="checkbox"/> Mobile		T-shirts Size
<b>Address</b>				<b>Passport</b>	No.		
				<b>Emergency Contact</b>	Name (relation)		No. +
<b>E-mail</b>						E-mail	

### TV / NEWS PAPER / MAGAZINE INFORMATION

<b>Name of Media</b>			<b>Divide</b>	<input type="checkbox"/> TV · <input type="checkbox"/> Radio · <input type="checkbox"/> Newspaper · <input type="checkbox"/> WEB · <input type="checkbox"/> Magazine · <input type="checkbox"/> other			
<b>Average rating / Circulations</b>	/		<b>Propose on air date / Date of issue</b>	/		<b>Air time / Propose cover value</b>	/
<b>Company</b>	Name of Company		<b>Address</b>				
			Zip Code :				
<b>Phone</b>	No. +		<b>FAX</b>	No. +		<b>Mail</b>	

### AGREEMENT

1. I or we fully understand and agree with all the rules and regulations set by the official host of this Asia Cross Country Rally 2018 competition.
2. I or we, agree to indemnify and hold the governments of the Kingdom of Thailand and Kingdom of Cambodia, also their related government departments, the host, the official and supporting organizations of this competition, Asia Cross Country Rally Organizing Committee, sponsors and promoters, its officers, agents and employees, and rally/events site owners harmless from any and all claims for loss or damage including personal injury or death I may suffer due to the participation in this car rally. I or we also agree to take full financial responsibilities if I cause an accident while participating in this competition, whether or not the negligence of the host or the rally officials contributed to the cause of the accident.
3. I or we understand that Asia Cross Country Rally Organizing Committee reserves all the rights to broadcast and publish all the audio-visual materials and pictures obtained during the competition through media for a consideration.

**Media**    Name:

Sign:

Date:

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