









Media Accreditation Application Form (For Interpreter)

Personal Def	ails				
NAME (Please Print)	Mr / Ms GIVEN NAM	E(S)	FA	MILY NAME	
POSTAL ADDR (Please Print)	ESS				
CITY/TOWN		COUNTRY		Date of Birth	
TELEPHONE:		MOBILE:		FACSIMILE:	
E-MAIL:					
PREFERRED CONTACT METHOD	DE-MAIL MOBILE	FACSIMILE TELEPHO	NE OTHER		
STAGE ACCESS: (EXPERIENCED PHOT	OGRAPHERS ONLY) (RI	EQURED / NOT REQU	JIRED)		
TEAM AND DRIVER (FOR OFFICIAL ME	NAME DIA ACCOMPANYING WIT	H CERTAIN TEAM)			
CONTACT DETAIL	N CASE OF EMERGENC	,			
NAME OF THE NAME 1.	E MEDIA PERSON	NEL PROVIDING IN TEL	ITERPRETER SE	RVICE TO:	
2.				_	
3. —					
Professional	Details				
PUBLICATION(S	8)		NAME OF ORGANISATION		

DISCLAIMER

At my participation for covering RALLY HOKKAIDO, I will comply with all directions of the Organisers of RALLY HOKKAIDO in relation to the event. I acknowledge that neither the FIA, JAF, nor the Organisers or anyone else involved in the event including competitors shall be liable for my death, any bodily injury, or any other incident occurring to my company or companions, regardless of the fact that such incident may have occurred as a result of a mistake by the organisers or other authorised officials. I will accept complete liability for any incident deemed to be caused by my own actions. I accept the inherent dangers of motorsport, pledge to exercise due

DATED THIS DAY OF 2018 (SIGNATURE)

CLOSING DATE FOR APPLICATIONS 24 August 2018

RALLY HOKKAIDO Secretariat

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