

## Media Accreditation Application Form ( For Interpreter)

### Personal Details

NAME (Please Print) Mr / Ms GIVEN NAME(S) FAMILY NAME

POSTAL ADDRESS (Please Print)

CITY/TOWN COUNTRY Date of Birth

TELEPHONE: MOBILE: FACSIMILE:

E-MAIL:

PREFERRED CONTACT METHOD  E-MAIL  MOBILE  FACSIMILE  TELEPHONE  OTHER

STAGE ACCESS: (EXPERIENCED PHOTOGRAPHERS ONLY) ( REQUIRED / NOT REQUIRED )

TEAM AND DRIVER NAME (FOR OFFICIAL MEDIA ACCOMPANYING WITH CERTAIN TEAM)

CONTACT DETAIL IN CASE OF EMERGENCY

### NAME OF THE MEDIA PERSONNEL PROVIDING INTERPRETER SERVICE TO:

NAME	TEL
1. _____	_____
2. _____	_____
3. _____	_____

### Professional Details

PUBLICATION(S) 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 care and attention, and choose to attend this event at my own risk. I declare that I am twenty years old or over.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2019

NAME  
(SIGNATURE) \_\_\_\_\_

**CLOSING DATE FOR APPLICATIONS**  
**23 August 2019**

**RALLY HOKKAIDO** Secretariat  
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