

« Letter of Pledge / Consent »

To: Suzuka Motor Sport Club (SMSC) / Mobility Resort Motegi, MCoM

I hereby pledge and agree to abide by the following terms and conditions when joining or renewing my membership to Suzuka Motor Sports Club (hereinafter referred to as "SMSC") operated by Honda Mobilityland Co. or the Mobility Resort Motegi MCoM (hereinafter referred to as "MCoM").

1. I, as a member of SMSC / MCoM, pledge to adhere in good faith to the "SMSC / MCoM Membership Code", respect the membership order and safety rules of the Suzuka Circuit / MCoM to drive / ride on the Suzuka Circuit / MCoM based on good judgment required of a driver / rider in terms of speed and other relevant factors with due attention to the track condition, road surface, other vehicles and surroundings, in the knowledge that motor sport is inherently dangerous, and that any accident or incident caused as a result of my having a fall, collision or contact may lead to serious consequences (including fatality) on myself as well as on other third parties including drivers / riders, spectators and users of the circuit ("Other participants").
2. I declare myself as fit both physically and mentally, eligible for the category entered in, the track and the speed anticipated, and capable of driving / riding accordingly. I shall report to the SMSC / MCoM any physical or mental injury, sickness and disorder I may have, prior to my admission to the Club, renewal of membership or to driving / riding. In the event that the SMSC / MCoM, after consultation with physicians belonging to the SMSC / MCoM, decides that my continued participation as a driver / rider is detrimental to the running of the competition or session due to such injury, sickness or disorder, I shall duly respect such decision.
3. I declare my vehicle as eligible for the category entered in, the track and the speed anticipated and capable of being driven / ridden accordingly. In the event that the SMSC / MCoM and / or its employees decides that a vehicle entered under my name is not fit for being driven / ridden on the circuit course or that its presence is deemed to compromise the safety of other participants, I shall duly respect such decision.
4. I pledge not to transfer my driving / riding rights to any third party.
5. I discharge and hold harmless the SMSC / MCoM, Honda Mobilityland Co., its employees and other participants from all liability or claim for death, injury or any damage suffered by me and / or any accompanying person of mine, in relation to any incident that may occur on the Suzuka Circuit / MCoM premises.
6. I grant unto the Suzuka Circuit / MCoM and any company granted permission by Honda Mobilityland Co. / MCoM all rights in any and all photographic images and video recordings made of me while driving / riding on the circuit course or otherwise using any facilities on the Suzuka Circuit / MCoM premises, to use such photographs or recordings together with my name and driving / riding data in any media including but not limited to news coverage, broadcast, public display, communication (internet) and publication, without any monetary consideration to me.
7. I agree that the provisions set forth in Article 5 and 6 herein shall survive and remain in full force and effect following withdrawal or termination of my SMSC / MCoM membership.
8. I agree that this Letter of Pledge/ Consent shall be valid for a duration of five (5) years, and shall be automatically renewed for the same duration, effective from the date immediately following expiration, unless specifically notified prior to the given expiration date.
9. To express my pledge and consent to the above terms and conditions, I hereby sign and submit my application.

Privacy Policy

Honda Mobilityland Co. (hereinafter referred to as "HM") and Motegi / Suzuka Mutual Aid Association (hereinafter referred to as "MS Mutual Aid Association"), we will use any personal information provided by the applicant in obtaining the SMSC / MCoM membership only to the extent necessary for the following operations.

- Management of SMSC / MCoM membership and MS Mutual Aid Association
- Provision of information for SMSC / MCoM-Smembership and response to inquiries and / or requests for materials from the membership.
- Notices and information on products, services, etc. related to business activities
- Provision of information for MS Mutual Aid Association membership and response to inquiries and / or request for materials from the membership
- Notices and information on the business activities of MS Mutual Aid Association
- MS Mutual Aid Association will supply private information regarding any individual members with Sompo Japan Insurance Inc. in the event of any accident.

Any private information under the present contract will be acquired and used by Sompo Japan Insurance Inc. for the purposes of performing the terms under the contract and providing information and sending notices about products and services rendered by the company, and will be made available to other contractors, reinsurance firms, etc. Any special non-disclosure information (sensitive information) such as health insurance will only be used for limited purposes stipulated under the Ordinance for Enforcement of Insurance Business Act. For further details, please read Privacy Policy on the website of Sompo Japan Insurance Inc. (<http://www.sompo-japan.co.jp>) or contact Sompo Japan's sales office or its agentI hereby accept the stated purposes above and receive the "Handling of Private Information" of HM and MS Mutual Aid Association

I have consented to the above (written oath/approval).

I have consented to the handling of personal information by Honda Mobilityland Co., Ltd. and MS Mutual Aid Association.

Date: (year) (month) (date)

Name of Member _____

※If you are under the age of 18, you need the signature of the person in parental authority (guardian) here.

Signature of Person in Parental Authority/Guardian _____

Relationship (_____)

About the MS Mutual Aid Association

Based on the Motegi-Suzuka (hereinafter referred to as "MS") Mutual Aid Association terms and conditions, I shall join the MS Mutual Aid Association at the same time as joining SMSC or MCoM

※MS Mutual Aid Association's insurance benefits are paid in accordance with the disability insurance agreement.

※Period of Validity: According to license expiration date

Date: (year) (month) (date)

Name of Member _____

※If you are under the age of 18, you need the signature of the person in parental authority (guardian) here.

Signature of Person in Parental Authority/Guardian _____

Relationship (_____)