BOSKRUIN

Indemnity Form

| Participant Details: | |
|---|-----------|
| First Name: | Surname: |
| Email address: | |
| Cell number: | |
| Parent / Legal Guardian Details: *If above participant is under 18 years of age. | |
| I, the undersigned, am the legal parent/guardian of the above-mentioned child/teenager. | |
| First Name: | _Surname: |
| Signature: | Date: |

I, the undersigned and above mentioned, indemnify Archers of Boskruin Pty Ltd, Archers of Boskruin Archery Club, Sentient Archery Solutions CC, The South African Kyudo Renmei Pty Ltd, the range master, trainers, instructors, coaches, staff and land-owner/s from any and all claims, suits, procedures, costs, expenses, damages and liabilities, including lawyer's fees arising out of, connected with or resulting from any accident or injury, from use of the equipment and facilities. Including without limitation the manufacture, selection, delivery, possession, use and operation of the equipment and facilities for its intended purpose or otherwise not intended use. I understand and accept that intense physical and mental exertion may occur therefore I further warrant that I, or the participant, have no medical or mental condition that in any way may endanger myself/us/the applicant or other archers during or after participation.

Signature: ____