



Indemnity Form

Participant Details	
First Name:	Surname:
Email address:	
Cell number:	
Parent / Legal Gu	rdian Details:
*If above participant is under	3 years of age.
I, the undersigned, am the le	l parent/guardian of the above-mentioned child/teenager.
First Name:	Surname:
Signature:	Date:
Sentient Archery Equipment suits, procedures, costs, exp resulting from any accident of selection, delivery, possession intended use. I understand a	nentioned, indemnify Archers of Zoo-Lake Archery Club, Sentient Archery Solutions CC, by Ltd, the range master, trainers, coaches, staff and land-owner from any and all claims, uses, damages and liabilities, including lawyer's fees arising out of, connected with or nijury, from use of the equipment and facilities. Including without limitation the manufacture, use and operation of the equipment and facilities for its intended purpose or otherwise not accept that intense physical and mental exertion may occur therefore I further warrant no medical or mental condition that in any way may endanger myself/us/the applicant or urticipation.
Signature:	Date: