



# ARCHERY CLUB

Telephone: 082 776 1671 Email: secretary@paarlarchery.co.za Website: www.paarlarchery.co.za

## REGISTRATION & INDEMNITY OF ARCHERY ASSOCIATIONS AND AGENTS

First & Last Name \_\_\_\_\_

Date of Birth (Age) \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_

Company / Employer \_\_\_\_\_

Race \_\_\_\_\_ (as required by SANAA)

Bow Type \_\_\_\_\_ (curved or compound)

Feathers & Arrows Level \_\_\_\_\_

WPAF Member? \_\_\_\_\_

SANAA Member? \_\_\_\_\_

Address \_\_\_\_\_

Medical Conditions / Allergies \_\_\_\_\_ (that we should be aware of)

Emergency Contact \_\_\_\_\_

Emergency Number \_\_\_\_\_

### INDEMNITY

Where as I, \_\_\_\_\_ (state full name(s) and surname)

ID Number: \_\_\_\_\_ wish to participate in **Archery**

**and related tournaments, fun-shoots, functions and events (including all and any linked activity)**

(Here in after referred to as 'the Sport'). **Therefore I hereby:**

- Acknowledge that I am aware of or will familiarised myself with the nature and extent of the Sport, the risks and dangers to which I may be exposed as a result of my participation in the Sport;
- Voluntarily assume the risks and dangers to which I may be exposed as a result of my participation in the Sport;
- Agree not to hold liable, Indemnify and keep indemnified the 'Archery Sport Organisations' (including but not limited to; The Council of Archery Sport, the related Provincial Associations, Clubs and any Officials as well as volunteers, employees, agents and any other parties performing functions for the related activities) against all injury, loss, damage, costs and/or expenses which I and/or any other person may sustain or incur as a result of my participation in the Sport.

Thus done and signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ (month & year)

Signature \_\_\_\_\_ Witness \_\_\_\_\_

**Important note: If the person signing this document is a minor, this document must be countersigned by his / her parent or legal guardian.**