



South African Defensive Pistol Association (SADPA)
PO Box 2501
North Riding
2162
South Africa

Tel: +27 010 220 5188
Cell: 083 470 8409
Fax: 086 5658 354
Email: enquiry@sadpa.co.za
SAPS Accreditation SPORT1300029: 8 Dec 2004

Indemnity Form – all SADPA sanctioned matches & events, for duration of membership.

Full Names: _____
I.D. NO: _____
Tel. No: _____ Cell No: _____
Fax No: _____ E-Mail _____
Res. Address: _____

_____ SADPA NO: _____
Postal Address: _____
_____ Code: _____

I, _____ the undersigned, do hereby acknowledge and declare the following

1. I have enrolled for shooting events / training courses with the **South African Defensive Pistol Association (SADPA)**
2. I acknowledge that by its very nature, the events that I will participate in have potential hazards.
3. I accept that I participate in all SADPA sanctioned matches/events entirely at my own risk and hereby indemnify **SADPA**, its employees, agents or assigns and hold them harmless against any claim which may otherwise be brought by me, my executors, estate, dependants or assigns, arising out of any injury to me or my property which I may suffer as a result of any act or omission by the said **SADPA**, its agents or assign whether such act or omission is negligent or not and whether such act of omission takes place during the actual course of instruction or not.
4. I declare that I have never been declared unfit to possess a firearm, neither has any firearm in my possession been confiscated.
5. I undertake that any firearm which I may bring to the event shall be legally in my possession at the time.

I acknowledge that I have carefully read the above indemnity and sign same with full knowledge and understanding of its contents.

I acknowledge that I have carefully read the SADPA Range Rules and undertake to abide by same with full knowledge and understanding of the content.

SIGNATURE

DATE

Insurance Cover for event by
Camargue Underwriting Managers (Pty) Ltd
Policy number: CGLP463907958