

Waiver and indemnity agreement for persons wishing to participate in clay pigeon shooting and sport shooting provided by African Horizons Ltd trading as Sporting Guns ("the Company")

I the undersigned(SIGN AND PRINT FULL NAME).....

1: _____ *

2: _____ *

3: _____ *

4: _____ *

5: _____ *

6: _____ *

7: _____ *

8: _____ *

9: _____ *

10: _____ *

do hereby waive all claims against the Company, or any officer, director, employee, agent, representative or contractor of the Company in respect of any loss of life, damage or injury to my person or property, or any other cause of action whatsoever, arising directly or indirectly out of or in connection with my participation in the clay pigeon or sport shooting activities, being a spectator while others are shooting, or being within the site where clay pigeon or sport shooting activities are taking place, whether caused by action or inaction, whether negligent or willful, of any officer, director, employee, agent, representative or contractor of the Company or howsoever arising. I hereby indemnify the Company and all officers, directors, employees, agents, representatives and/or contractors of the Company and hold them and each of them harmless against any and all such claims or actions, including without limitation, consequential damages, as may be brought against them arising out of, attendant on or ancillary to the clay pigeon or sport shooting activities organized by the Company.

I hereby acknowledge that I have been informed by the Company and understand that:

1. There are significant risks in participating in clay pigeon or sport shooting activities, being a spectator while others are shooting, or being within the site where clay pigeon or sport shooting activities are taking place and that the consequences of an accident can be serious.

2. At the beginning and at the end of activities I will be required to walk up and down a path that is in part steep and rocky, and may be slippery.

3. I may be transported to or from the clay pigeon or sport shooting activities by vehicle or other transportation utilised by the Company.

I hereby acknowledge that I have been appraised by the Company and have been requested by the Company to disclose any existing or pre-existing medical condition/s from which I may suffer, or which I in the past may have suffered, which may affect my ability to partake in the activities conducted by the Company in a safe and non life-threatening manner. I acknowledge and confirm that to the best of my knowledge no such condition or conditions exist.

I hereby warrant that I have carefully read and understood this waiver and indemnity, alternatively that this waiver and indemnity has been read and explained to me by the Company. By affixing my signature to this agreement or to any other acknowledgement provided by the Company I agree to be bound to the terms and conditions of this waiver and indemnity.

This agreement constitutes the whole agreement between the Company and myself relating to the matters dealt with herein and no undertaking and/or representation made to me by Company, or any officer, director, employee, agent, representative or contractor of the Company relating to the subject matter of this agreement not incorporated in this agreement shall be binding on the Company or myself.

