



Indemnity Form

I agree (on behalf of myself and the applicant) to comply with the safety rules and instructions of Wellesbourne Sword Club (WSC) and to abide by the rules and policies of the club and its officials and officers.

I accept voluntarily (on behalf of myself and the applicant) the risk of accident, injury or loss whilst participating in or attending club activities and accept that the WSC committee and members shall not be liable for any loss or damage (other than death or personal injury) including loss of earnings, loss of opportunity or loss of amenity however caused.

By returning this completed form, I confirm that my son/daughter/child in my care is over 12 years of age and agree to him/her taking part in the activities of WSC and understand that his/her supervision by WSC is restricted to the duration of those activities and that, in particular, I am responsible for his/her transport and collection.

In the event of injury or illness all reasonable steps will be taken to contact me using the details given below and I consent to WSC and/or Hazlemere Community Association staff dealing with that injury/illness appropriately.

Please complete in block capitals as applicable

Applicant Name:			
Age (if under 18):			
Parent/Guardian Name: (if applicant under 18)			
Signed: (by parent/guardian if applicant under 18)			Date
Address:			
Postcode:		Phone:	
E-mail:			
Emergency contact:			
Medical Information: Please detail any important medical information that our coaches should be aware of (e.g. epilepsy, asthma diabetes etc.),			

Please return completed Indemnity Form to the Membership Secretary. If you have any queries email membership@wellesbourneswordclub.co.uk