Cape Reptile Club

Chair person

Vice Chair Person

Postal Address

Pierre Joubert 084 5562 007 ejoubert@mweb.co.za Gary Keyser 082 890 2194 gary@intabatech.com P.O.Box 230 Kuilsrivier 7579



GENERAL INDEMNITY

I, the undersigned_	UNDERSTAND AND AGREE to, that by
attending the meeti	ngs and events held in the name of the Cape Reptile Club, to comply with the rules as set out by the
Club in general as v	well as those dictated for the specific event.
IN PAR	TICULAR:
	Never to handle any dangerous reptile in a way to allow
-	Junior members access to the reptile;
-	to always have a competent person holding the head of a large reptile, while handling the reptile;
-	to never allow a large or dangerous reptile free roam in a room occupied by humans;
-	to always defer to the committee appointed person responsible for the safety of people attending
	Cape Reptile Club meetings and events;
-	never to consume alcohol before or during the handling of reptiles
-	to always act in a responsible way while attending the events and meetings of the Cape Reptile
	Club.
LEUDELLED ACDI	TE AND DEGLADE 4 ALALIE ALALIE G. D. C. GLARIA A.
	EE AND DECLARE that I shall not hold the Cape Reptile Club liable for any damage or injury
sustained, by etner	me or any underage children namely:
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under my sunervisi	on attending Cape Reptile Club meetings or events, as the result of a accident caused in any manner
	demnify the Cape Reptile Club and its members against any claims whatsoever resulting from the
above-mentioned a	
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I FURTHERMORI	E AGREE to my child(ren)
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attending the follow	ving event/meeting held by the Cape Reptile Club on at
	and indemnify the Cape Reptile Club against any claims ry whatsoever sustained by the abovementioned child(ren), stemming from any accident
for damages or inju	ry whatsoever sustained by the abovementioned child(ren), stemming from any accident
whatsoever, during	the course of attending the aforementioned meeting or event. I also understand that my child(ren)
	rect supervision of a Cape Reptile Club appointed member during the whole course of the event or
meeting and will ex	splain the implications of such to them.
My contact details	are the following:
A 11 C	
Address at time of	event or meeting:
	
	
Tel number:	
Cell number:	
cen number.	
Medical Aid and nu	ımber·
	
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SIGNITURE	DATE