***Cape Gliding Club***

***Western Cape Regionals 2017***

***Indemnity Form***

Please print this form, fill it in using capital letters, sign it and hand it over to the Organisers when you arrive at the competition.

1. I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_irrevocably indemnify the organizers and or personnel of the Western Cape Regional Gliding Championships, the Soaring Society of South Africa, the Aero Club of South Africa, Cape Gliding Club and its agents from any claim I, my heirs or estate may have arising out of any injury to myself or caused by myself or my death as a result of competing in this Competition.

2. I declare that I comply with all the legal and currency requirements for piloting a glider in my country of origin and in South Africa.

3. I declare that my glider (registration \_\_\_\_\_\_\_\_\_\_\_\_\_ and call sign \_\_\_\_\_\_\_\_\_\_\_\_\_) conforms to all airworthiness requirements.

4. The glider is insured by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Third Party cover to the value of R\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I accept the handicap system and values as published by the Soaring Society of South Africa and understand that these handicaps will be applied for the duration of the competition (available at www.sssa.org.za).

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017

Witness 1: Name in capital letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2: Name in capital letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_