



ACTIVITY DISCLAIMER

PLEASE COMPLETE IN BLOCK CAPITALS



Date	Name
	Address
Date of birth	
Telephone	Post code
Please provide a contact name & number of your next of kin <i>(for emergency use only)</i>	

Your agreement with Ashcombe Shooting Centre

Ashcombe Shooting Centre ask all clients to sign this form, to ensure that clients understand the importance of safety. When participating in activities at Ashcombe, we want you to enjoy yourself but we require you to take our safety guidelines and recommendations very seriously. We provide all safety equipment where required and Ashcombe instructors will be present throughout your activity. We have full £10 million public liability insurance cover; however, we must ensure that each client realises the importance of safety: -

Please circle YES or NO, and where relevant provide us with the necessary information.

1. Are you fully aware of what activity you are participating in?	YES	NO
2. Do you understand that all safety guide-lines and safety talks given by instructors should be taken very seriously and should be abided by at all times, and that any deviation from these rules could cause an accident to either yourself or another person.	YES	NO
3. Have you ever, or are you currently suffering from any illness, disability or do you have any problems with general fitness and are you currently on any prescribed medication? <i>IF YES – PLEASE STATE HERE</i>	YES	NO
4. Are you capable of participating in the activity reserved on your behalf	YES	NO
5. The consumption of alcohol or non-prescribed drugs is strictly not allowed, both prior to and during activities. Please confirm to us – by circling YES, that you understand and will abide this rule. All insurance cover is void, should you be under the influence of alcohol or non-prescribed drugs prior to, or during activities.	YES	
6. Do you understand that you will be charged for any damages caused through misuse of our equipment	YES	NO

I certify that I have read and verbally understood the importance of safety guidelines & instructions. I certify with my signature that participation in the event is entirely at my own risk. I realise the organisers, the property owner and all persons who are responsible for the organisation of this event, will take absolutely no liability for accidents or damages of any nature, other than those that are the responsibility of the centre which are included in the SGC at Ashcombe Public Liability Insurance policy. With my signature (signature of legal guardian in case of minors under 17yrs of age), I expressly state that I will make no claim against the above mentioned in the case of damage or injury. Any deviation from the instructor's direction or guidelines could cause serious injury to others or myself participating in this activity.

I, THE UNDERSIGNED, DECLARE THAT I AM NOT A PERSON PROHIBITED FROM POSSESSING FIREARMS OR AMMUNITION UNDER [SECTION 21 OF THE FIREARMS ACT 1968](#).

By signing below you confirm that you have read & understood the importance of safety at Ashcombe

Signature Date