



PERSONAL DETAILS

Name

First Name

Last Name

Date of Birth

Age

Address

Email

Mobile

+

NEXT OF KIN

Full name

First Name

Last Name

Relationship

Contact

+

Mobile Phone

Email

MEDICAL INSURANCE

Insurance Policy
Details:

Start Date

Expiry Date

Do you suffer from any chronic illnesses or allergies that we should be aware of?

Do you take any regular medication?



INDEMNITY FORM

By signing this indemnity form, the participant agrees to attend activities organised by The Taylor Ashe Antivenom Foundation (Proprietary) Limited (“Company”) and Watamu Snake Farm on the understanding that the participant appreciates, understands and consents to being involved in potentially hazardous activities, such as being in close proximity to venomous creatures including snakes, and that the participant undertakes these activities at their own risk and of their own free will.

The participant hereby irrevocably and unconditionally agrees that the Company, its shareholders, members, associates, employees and representatives shall not be held responsible for loss or damage to property, injury to the participant and loss of life or consequential damages that may occur from any cause whatsoever.

The participant and his/her dependents, heirs, executors, administrators and assigns hereby indemnify, absolve and hold blameless and harmless the Company, its shareholders, members, associates, employees, representatives, helpers and agents from any liability for any claims whether arising from any deliberate, negligent or reckless act or omission whatsoever and without limitation from any claim arising from loss or damage to property or injury or illness or death arising from any cause whatsoever during the activities.

Name of Participant

Signature of Participant

Date

Name of Guardian (if participant is U18)

Signature of Guardian

Date