



# Guest Membership Form / Receipt

<b>Full Name:</b>			
<b>Event:</b>		<b>Date:</b>	
<p>I hereby agree to save harmless and keep indemnified "The Vikings", and any officer, official, servant, agent or representative as may be appointed or authorised by "The Vikings", and all other members of "The Vikings", from and against all actions, claims, costs, expenses and demands in respect of Death or Injury to, or, Damage to the Property of, myself, my family, or associated persons, arising out of, or in connection with, my taking part in "The Vikings" events.</p> <p>I confirm that I have been given a health and safety briefing by "The Vikings" representative below and fully understand that re-enactment is a hazardous activity, and it is possible that participants may be injured. The level of injury sustained may range from minor cuts and bruises, to permanent disability or death in extreme circumstances and agree that I participate in these activities entirely at my own risk.</p>			
I have paid a guest membership fee of:			£
<b>Signature:</b>		<b>Date:</b>	
<b>Details of "The Vikings" representative delivering induction/issuing receipt:</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Group:</b>	

This form is valid only for the identified event and must be kept on the guests person and presented to any official of The Vikings on request.

Top Copy – Guest / Middle Copy – Vikings Treasurer



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