

**South African Defensive Pistol Association (SADPA)**  
**PO Box 2501**  
**North Riding**  
**2162**  
**South Africa**

**Tel: +27 010 220 5188**  
**Cell: 083 470 8409**  
**Fax: 086 5658 354**  
**Email: enquiry@sadpa.co.za**

**SAPS Accreditation SPORT 1300029: 8 Dec 2004**

<b>PARTICULARS OF APPLICANT</b>													
Surname									Initials				
Full names													
Identity Number								-				-	
Residential address													
									Postal Code				
Postal Address									Postal Code				
Telephone number	Home						Work						
Mobile number							Fax No.						
E-mail address													
Medical Condition(s)													

<b>IN CASE OF EMERGENCY DETAILS</b>				
Contact 1: Name & Relation			Mobile number	
Contact 2: Name & Relation			Mobile number	
Contact 3: Name & Relation			Mobile number	

<b>PARTICULARS OF MEMBERSHIP</b>						
Affiliated Club:				Club Membership Paid	Y	N
Contact Person:				Receipt No.		
Is the club affiliated to any other shooting organisation(s)	Y	N				

SADPA Fees - 2017	<b>R400.00</b>	Club Membership Number					
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Northcliff  
 Account Number: 200527231  
 Branch Code: 006305

Fax number: 086 5658 354  
 Tel number: 010 220 5188  
 email: enquiry@sadpa.co.za

SIGNATURE \_\_\_\_\_

Date	C	C	Y	Y	-	M	M	-	D	D
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Place											
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<b>FOR OFFICIAL USE BY SADPA ADMINISTRATION</b>											
APPLICATION FORM	Y	N	INDEMNITY FORM	Y	N	PROOF OF PAYMENT	Y	N	COPY OF IDENTITY	Y	N
CLUB CONFIRMATION	Y	N		Y	N		Y	N		Y	N
APPROVED	Y	N									

**Indemnity Form – all SADPA sanctioned matches & events, for duration of membership.**

I, \_\_\_\_\_ the undersigned, do hereby acknowledge and declare the following:

1. I have enrolled for shooting events / training courses with the South African Defensive Pistol Association (SADPA)
2. I acknowledge that by its very nature, the events that I will participate in have potential hazards.
3. I accept that I participate in all SADPA sanctioned matches/events entirely at my own risk and hereby indemnify SADPA, its employees, agents or assigns and hold them harmless against any claim which may otherwise be brought by me, my executors, estate, dependants or assigns, arising out of any injury to me or my property which I may suffer as a result of any act or omission by the said SADPA, its agents or assign whether such act or omission is negligent or not and whether such act of omission takes place during the actual course of instruction or not.
4. I declare that I have never been declared unfit to possess a firearm, neither has any firearm in my possession been confiscated.
5. I undertake that any firearm which I may bring to the event shall be legally in my possession at the time.

I acknowledge that I have carefully read the above indemnity and sign same with full knowledge and understanding of its contents.

I acknowledge that I have carefully read the SADPA Range Rules and undertake to abide by same with full knowledge and understanding of the content.

SIGNATURE \_\_\_\_\_

Date	C	C	Y	Y	-	M	M	-	D	D
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**3.11 - IDPA Shooter Responsibilities and Code of Conduct**

By shooting IDPA Matches, I agree to the following:

- A. I understand that it is a privilege, and not a right, to be an IDPA Shooter.
- B. I will follow all of the safety rules of IDPA and the host range. The safety of the shooters, match officials, and bystanders shall always be my primary objective.
- C. Prior to and during a match, I will refrain from the use of alcohol, substances, or medications that may negatively impact my ability to shoot safely.
- D. I will maintain a current IDPA membership after my first match.
- E. I will maintain an accurate Classification by shooting a Classifier at least every 12 months unless a Master or Distinguished Master Classification is attained, a Match Performance Promotion has occurred in the last 12 months, or a Sanctioned Match has been completed in the last 12 months without DNF or DQ. See rule 9.2 for more details.
- F. I recognize that it is my responsibility to maintain a working knowledge of the current IDPA rulebook.
- G. I will adhere to the IDPA purpose and principles and will not willfully break any IDPA rule.
- H. I will listen carefully and refrain from talking during shooters' briefings and stage briefings.
- I. I will refrain from any action that distracts shooters, safety officers, and other competitors during the match.
- J. I understand it is my responsibility as a squad member to be ready to shoot when called to the line.
- K. I understand it is my procedural duty as a squad member to help reset stages between shooters unless I am the current shooter, the on-deck shooter or have just finished shooting, unless instructed otherwise by a match official.
- L. I will not communicate with others in a threatening, harassing, or abusive manner.
- M. It is my responsibility to check my match scores within the verification period to see that they are correct.
- N. It is my responsibility to check my Classifications in the on-line database to verify that they are correct and to initiate corrective action if they are not correct.
- O. If I have a question or an issue, my first contact is with the CSO at the match, then the MD, then the AC, then SADPA HQ.
- P. I understand that violations of these responsibilities and Code of Conduct will result in me being penalized by the MD within the full range of penalties up to and including disqualification from a match, and may result in the revocation of my SADPA membership.

SIGNATURE \_\_\_\_\_

Date	C	C	Y	Y	-	M	M	-	D	D
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