

## **INDEMNITY: EXPECTANT MOTHERS**

Please complete the form below in block letters:		
Name of Passenger:		Age:
Address:		Contact Number:
Pregnancy Age:	Months:	Weeks: Days:
TO BE COMPLETED BY EXPE	CTANT MOTHER	
and does not exceed 32 we from any abnormality conr error or misrepresentation I hereby indemnify Precisi from any liability arising ou	eeks hereinafter r nected with my cu contained above on Air Plc and its at of any injury, ag	he date hereof, the age of my pregnancy is as set out above referred as "expectant mother/ Passenger. I do not suffer urrent pregnancy. I hereby take full responsibility for any e, whether intentional or otherwise.  subsidiary companies (if any), staff members and agents ggravation, deterioration in health suffered either by myself
or by my unborn child. I ur	derstand and ack	knowledge fully that:
No mother whose pre     Precision Air flight; and	-	32 weeks on the date of travel is allowed to travel on a
		24 weeks is required to submit a Medical Certificate filled on a Precision Air flight.
Precision Air reserves the requirements on t	the right to deny the date of trave g the ticket, con	provisions of this indemnity Agreement, Upon knowledge, boarding/offload any expectant mother who does not meet elling (on originating, transit or return flight) irrespective of isulting medical practitioners and/or any error(s) that may
4. I am conversant v www.precisionairtz.co		d expectant mother policy as made available on Air offices.
	_	arantee availability of medical personnel on its flights to nt to the risks that may be associated therewith.
		he above and that by virtue of that understanding; I appending my signature below.
SIGNED AT	ON THIS	DAY OF
Signature of Passenger		