

**FORM OF INDEMNITY 2018**

**Please return completed form to:** Helicopter & Aviation Services Limited, 41A Park Lane, Westbury, BA13 4NB.  
 In consideration of being granted permission to use the ground services and facilities at the following heliports, we agree to indemnify:- E. HELICOPTER & AVIATION SERVICES LIMITED

<b>CHELTENHAM RACECOURSE HELIPORT</b> A. THE STEEPLECHASE COMPANY (CHELTENHAM) LIMITED acts as agent for JOCKEY CLUB RACECOURSES LIMITED B. JOCKEY CLUB RACECOURSES (HOLDINGS) LIMITED C. GLOUCESTER / CHELTENHAM JOINT CORPORATION D. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, C, D & E.	<b>HENLEY HELIPORT</b> A. (1) THE COPAS PARTNERSHIP (3) B. M. COPAS (2) T. A. COPAS (4) T. S. COPAS B. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, & E
<b>CHESTER RACECOURSE HELIPORT</b> A. CHESTER RACE COMPANY LIMITED B. CHESHIRE WEST & CHESTER COUNCIL C. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, C, & E.	<b>YORK RACECOURSE HELIPORTS</b> A. YORK RACECOURSE KNAVESMIRE LLP B. CITY OF YORK COUNCIL C. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, C & E
<b>EPSOM DOWNS HELIPORT</b> A. THE EPSOM AND WALTON DOWNS CONSERVATORS B. EPSOM DOWNS RACECOURSE COMPANY LIMITED acts as agent for JOCKEY CLUB RACECOURSES LIMITED C. JOCKEY CLUB RACECOURSES (HOLDINGS) LIMITED D. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, C, D & E.	<b>MILTON KEYNES HELIPADS/HELIPORTS</b> A. THE PARKS TRUST MILTON KEYNES B. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B & E.
<b>NEWMARKET RACECOURSE AIRSTRIP</b> A. JOCKEY CLUB ESTATES LIMITED. B. JOCKEY CLUB RACECOURSES LIMITED C. THE EMPLOYEES, SERVANTS OR AGENTS OF A, B, C & E.	

The following applies to all heliports and airstrips above:-  
 In respect of any liabilities, direct or indirect and of any kind whatsoever which might attach to the organisers, sponsors and their contractors arising out of the use of the facilities by our aircraft.  
 We confirm that we have, in force, Third Party Insurance for a limit of not less than £5,000,000 (pounds sterling) for any one accident, and such policy/policies have been endorsed to include the above named as additional assured, subject to a one-way cross liability clause, LSW714 (12/93) in favour of Helicopter & Aviation Services Limited. We further confirm that a hold harmless and waiver of rights of subrogation has been endorsed on the Hull Policy (if insured) in favour of the above named, **SUBJECT TO POLICY COVERAGE, TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS.**

**TO BE COMPLETED BY THE OPERATOR**

***I undertake to advise Helicopter & Aviation Services Ltd of any change or cancellation to the insurance covered by this indemnity.***

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name of Operator: \_\_\_\_\_ Position: \_\_\_\_\_

Aircraft Registrations: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE INSURER**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 for: \_\_\_\_\_ Insurance Brokers  
 Policy Number/s: \_\_\_\_\_  
 Period of Insurance (From): \_\_\_\_\_ (To): \_\_\_\_\_

**NOTE: THIS INDEMNITY FORM IS NOT VALID UNLESS THE FORM IS COUNTER-SIGNED BY YOUR INSURANCE BROKER.**