

# VISITOR INDEMNITY

In consideration of Associated British Ports (**ABP**) permitting …………………………....(the “**Visitor**”)

to…………………………………………………………………………………………………………………

…………………………………………………………………………..………………………………………..

(*Insert details regarding nature of permission being granted*) on …………………………………. (*insert date*) at ABP’s port of …………………………………..

we agree (to the fullest extent permitted by law) to be responsible for and to release and indemnify Associated British Ports Holdings Limited, its subsidiary and associated companies, including ABP and its subsidiaries (all or any of which are referred to as the “**ABPH Group**”), their servants and agents from and against all actions, claims, costs, expenses and/or damages brought against or reasonably incurred by the ABPH Group or its servants and agents as a result of the negligence, act, error or omission of the Visitor, its employees, agents, contractors, sub-contractors and/or representatives including:

1. personal injury (whether fatal or otherwise) to any person;
2. loss of or damage to any property whatsoever; and
3. any other loss (including economic and consequential loss), damage costs and expenses suffered by any other person

howsoever caused or incurred arising directly or indirectly from, or in any way connected with, the above permission, except to the extent that such is due to the negligence of the ABPH Group.

Signed .............................................................................. Dated ......................................................

Name .................................................................................................................................................

Address .............................................................................................................................................

Where being duly authorised so to act for and on behalf of (complete if party is a company or other organisation : -

Position .............................................................................................................................................

Name of Company/Organisation ......................................................................................................

Address .............................................................................................................................................

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# DISCLAIMER

**PORTS ARE DANGEROUS PLACES AND BY YOU ENTERING ABP’S PREMISES YOU ARE ACCEPTING THE LIMITATION OF ABP’S LIABILITY TO YOU SET OUT BELOW:**

I, the undersigned, understand and agree that:

1. I am entering ABP’s premises at my own risk;

1. I undertake to exercise the utmost care at all times when on ABP’s premises;

1. ABP will NOT be liable for any loss or harm I may suffer while in this Port unless that loss or harm is caused by ABP’s negligence; and

1. I undertake to abide by ABP’s safety rules and regulations whilst on ABP’s premises and confirm that I have been made aware of such rules and regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name (or person on whose behalf Signature   
person is signing)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**NOTE:** **In the event of a person under the age of 18 years being permitted entry to ABP’s premises, this form MUST be signed by his or her parent or legal guardian**

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