



Form: RZAEMIF	<b>Expectant Mothers Indemnity Form</b>
---------------	---

Please complete the form below in block letters:

Name of Passenger:

<p><b>Name of Passenger:</b></p> <p><b>Age:</b></p> <p><b>Address:</b></p> <p><b>Contact Number:</b></p> <p><b>Age of Pregnancy: Months:</b> ..... <b>Weeks:</b> ..... <b>Days:</b> .....</p>
---

**TO BE COMPLETED BY EXPECTANT MOTHER**

I, the undersigned, hereby state that as of the date hereof, the age of my pregnancy is as set out above and does not exceed 36 weeks. I have been cleared for travel by my Doctor and I have provided proof of clearance.

I do not suffer from any abnormality connected with my current pregnancy. I hereby take full responsibility for any error or misrepresentation contained above, whether intentional or otherwise. I hereby indemnify Royal Zambian Airlines, staff members and agents from any liability arising out of any injury, aggravation, deterioration in health suffered either by me or by my unborn child.

I understand and acknowledge fully that:

1. No mother whose pregnancy exceeds 36 weeks is permitted to travel on Royal Zambian Airlines
2. Any mother whose pregnancy exceeds 28 weeks is required to submit a Medical Certificate confirming her fitness to travel on Royal Zambian Airlines.

I understand that Royal Zambian Airlines has no medical personnel available on its Aircraft to attend to me or my unborn child and consent to the risks that may be associated therewith. I warrant that I have read and understood the above and that I voluntarily agree to be bound thereto.

SIGNED AT .....

ON THIS ..... DAY OF .....

SIGNATURE OF PASSENGER .....