

LIFESAVING SOUTH AFRICA

(hereinafter referred to as 'LSA')

REGISTRATION & INDEMNITY FORM

(To be completed and returned to your Instructor/ Club Official)

MEMBER'S DETAILS (Please use ink and block letters)

- 1. SURNAME FIRST NAMES
- 2. POSTAL ADDRESS
- 3. STREET ADDRESS
- 4. CONTACT NO/S: LANDLINE MOBILE
- 5. ID NO. TICK APPROPRIATE BLOCK MALE FEMALE

MINOR'S DETAILS (Please use ink and block letters)

- 1. SURNAME FIRST NAMES
- 2. POSTAL ADDRESS
- 3. STREET ADDRESS
- 4. CONTACT NO/S: LANDLINE MOBILE
- 5. ALTERNATIVE NUMBER: LANDLINE MOBILE
- 5. ID NO TICK APPROPRIATE BLOCK MALE FEMALE
- 6. INSTRUCTOR'S NAME/S MOBILE

PARENTS OR GUARDIAN'S DETAILS* (Please use ink and block letters) (DELETE WHICHEVER IS NOT APPLICABLE)

- 1. SURNAME FIRST NAMES
- 2. POSTAL ADDRESS
- 3. STREET ADDRESS
- 4. CONTACT NO/S: LANDLINE MOBILE
- 5. ID NO. TICK APPROPRIATE BLOCK MALE FEMALE
- 6. YOUR RELATIONSHIP TO THE MINOR.....

PROOF OF IDENTIFICATION DOCUMENT (ie Identity Document/Passport/Birth Certificate) MUST ACCOMPANY THIS FORM.

INDEMNITY

I, (FULL NAMES OF SIGNATORY), the undersigned, hereby acknowledge that I have read and understand this indemnity and agree to be bound by the following:

I accept that I and/or my child or the child in my care will be exposed to a variety of risks and dangers inherent in or associated directly or indirectly with the LSA activities I and/or my child or the child in my care will participate in.

I realise that all the activities require of me and/or my child or the child in my care to be in a good physical and mental condition and I and/or my child or the child in my care warrant that I am in such a condition, having checked with my medical practitioner.

I agree to obey at all times, whether participating in any activity or not, any **warning notices and instructions** of the LSA management and/or the person in charge of the activity.

I also acknowledge that the LSA management and/or the person in charge of the activity may, in his/her sole discretion, decide to **cancel, terminate or curtail** any activity at any stage for whatever reason the LSA management and/or the person in charge of the activity in his/her sole discretion deems fit.

I **hold harmless and indemnify** LSA, the Provincial and/ or Branch Associations and their affiliated Clubs, members of these bodies, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees in and parties involved with and/ or arranging or providing any activities, against and including (without limiting the generality of the foregoing) any loss or damage to personal effects, financial loss, illness, injury, harm, trauma or death (howsoever caused) including any claim from my wife/ husband, children or dependants, common law wife or life partner for maintenance, pain and suffering as a result of injuries or otherwise or due to any arrangements having been changed, amended or cancelled and/ or legal costs that LSA, the Provincial and/ or Branch Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees representatives (or any of the other parties indemnified herein) may incur.

This indemnity will apply irrespective of any act, omission or negligence on the part of LSA, the Provincial and/ or Branch Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees representatives (or any of the other parties indemnified herein).

LSA, the Provincial and/ or Branch Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees representatives will under no circumstances be liable for any **indirect, consequential or special loss or damage**, irrespective of the cause.

THIS DONE AND SIGNED AT BY ON DATE
(FULL NAMES OF SIGNATORY)

Signature of MEMBER/PARENT/GUARDIAN

VERY IMPORTANT: PLEASE NOTE RE SIGNATURE

IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM.

IF YOU REPRESENT OR ACT ON BEHALF OF ANOTHER PERSON OR LEGAL ENTITY OR MINORS THAT ARE NOT PART OF YOUR FAMILY ('OTHER PERSON'), YOU MUST PROVIDE US WITH A WRITTEN MANDATE/RESOLUTION AUTHORIZING YOU TO SIGN THIS INDEMNITY FORM ON BEHALF OF THE OTHER PERSON OR THE OTHER PERSON MUST BE GIVEN A COPY HEREOF AND SIGN IT. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN ALL ACTIVITIES BEING CANCELLED.