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| ***President****:**Paul Bester**082 966 7767* |  | ***Secretary****:**Hellouise van Dyk**P.O. Box 6004**MIDDELBURG, 1050* |
|  | *Tel: 082 306 4615**Fax: 086 274 3512* |
|  | *athleticsmpumalanga@gmail.com* |

***ATHLETICS MPUMALANGA***

*Cross Country Road Running Track and Field*

**INDEMNITY FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as

(Name and Surname in full)

Athlete or parent / legal guardian of the minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname in full of child)

Hereby agree that my child attends the **SOUTH AFRICAN CROSS COUNTRY CHAMPIONSHIPS** (“**the Event**”) to be held at **Kees Taljaard Stadium, Kanonkop, Middelburg** on Saturday, **12 September 2015**.

I confirm that my / my child’s participation in the Event and the related activities is entirely voluntary and I accept all risks involved therein. Accordingly, ATHLETICS MPUMALANGA **(AMPU)** and the Local Organising Committee (LOC) and or any of their respective employees or partners shall not be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by me / my child as a result, directly or indirectly, of attending the Event and/or participating in the activities and AMPU and the LOC and/or any of their respective employees shall not be liable for any loss and/or damage (including indirect or consequential loss and/or damage) arising there from, and I hereby indemnify AMPU and the LOC and their respective employees from any loss, damage or injury that would otherwise incur arising from any loss or injury suffered by me or any abovementioned arising from or incidental to the participation in the Event.

Signed at: on this of 2015.

Athlete/Parent/Guardian: \_\_\_\_\_\_\_ Print Name:

 Signature Surname Name

Signature Witness: Print Name:

Signature Surname Name

**PLEASE PRINT ATHLETE / PARENT / LEGAL GUARDIAN DETAILS CLEARLY**

Dr/Mr/Mrs/Ms: …………………………………………………………………………………………………………………….

Identity Number: …………………………………………………………………………………………………………………

Physical Address: …………………………………………………………………………………………………………………

Telephone No. (H) …………………………………………………... (Cell) ……………………………......................