(Office Use Only) Computer_____ Club: _____

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. E-MAIL ADDRESS ……..

5. CONTACT NO/S: LANDLINE.....MOBILE.....

6. ID NO.....TICK APPROPRIATE BLOCK MALE ☐ FEMALE ☐

7. FOR REPORTING PLEASE INDICATE YOUR DEMOGRAPHIC

BLACK ☐ WHITE ☐ COLOURED ☐ INDIAN ☐ OTHER ☐

8. INSTRUCTOR'S NAME/S.....MOBILE.....

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

PARENT 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. E-MAIL ADDRESS ……..

5. CONTACT NO/S: LANDLINE .....MOBILE.....

6. ID NO.....TICK APPROPRIATE BLOCK MALE ☐ FEMALE ☐

7. YOUR RELATIONSHIP TO THE MINOR.....

PROOF OF IDENTIFICATION DOCUMENT [i.e. Identity Document/Passport/Birth Certificate] MUST ACCOMPANY THIS FORM.

INDEMNITY

I.....[FULL NAMES OF SIGNATORY], the undersigned, hereby acknowledge that I have read & understand this indemnity & 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 aforegoing) any loss of 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 to be 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) may incur.

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.

THUS DONE AND SIGNED AT .....BY.....ON .....
[FULL NAMES OF SIGNATORY] DATE

.....
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 AUTHORISING 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.

Form No. 08 **Sprint Print 031 564 677**