



CONSENT INDEMNITY FORM (If participant is 18 years and over)

PARTICIPANTS DETAILS:

Full name, if athlete, or if Coach/Manager : _____ (hereinafter “the participant”)

Date of birth : ____/____/____

ID Number : _____ Passport Number : _____

MEDICAL DETAILS:

Important medical information, eg medication that must be taken, allergies, medical problems.

Name of person responsible for expenses :

Name of Medical Aid : _____ Medical Aid Number : _____

Name of Main Member :

CONTACT DETAILS: I designate the following contact details for the purpose of this consent and indemnity:

Primary Contact: _____ Relationship: _____ (H) _____

(W) _____ (Cell) _____

Alternate Contact: _____ Relationship: _____ (H) _____

(W) _____ (Cell) _____



INDEMNITY AND CONSENT

I hereby grant my consent to tour to the **United Kingdom for participation at the Wallingford and Bedford Regattas** including the period of training and preparation prior to these events at various venues in Southern Africa and the travelling to and from all the venues. (hereinafter altogether referred to as "the event"). The period will commence from Selection announcement and end on 12 May 2023.

Insofar as I am unable to do so, I hereby appoint and authorise the person in charge of each activity to consent to my undergoing surgical or any other medical treatment, which in the opinion of the relevant medical practitioner and the person in charge is necessary. I further undertake to pay all the costs of such treatment and RowSA together with its representatives will not be held liable for any costs thereof.

I fully understand and accept that all activities including training, travelling and participation are undertaken entirely at my own risk.

I hereby indemnify, hold blameless and absolve RowSA, its executive, management, staff, employees, representatives, organisers, managers, coaches, trainers, consultants, volunteers or any other persons involved in the event in respect of any claim for loss, damage howsoever arising and whether resulting from negligence or otherwise (this provision does not include deliberate or intentional conduct) in respect of any loss, injury, death or damage caused by or to myself or to my property and/or in respect of any claim and/or third parties arising out of my participating in any form of activity organised in preparation for or during the event whether at the regatta or at any training venue or at an alternative premises.

I also waive and renounce any claim or right to claim that I may have to compensation or damages against aforesaid persons and bodies in respect of any loss, injury or damage incurred whether resulting from negligence or otherwise whilst involved in this training, travelling, preparation, championships and tour howsoever.

NOTE: ANY ALTERATION MADE TO THIS INDEMNITY WILL RENDER IT INVALID. THE PARTICIPANT MAY NOT PARTAKE IN THE ACTIVITY/ACTIVITIES DESCRIBED ABOVE WITHOUT THIS COMPLETED, UNALTERED FORM.

Full name of participant : _____ (who acknowledges and understands the content and effect of this form)

Signature : _____ Date : _____

Witness:

Signature : _____ Name : _____

Date : _____