



CONSENT INDEMNITY FORM (If participant is under 18 years of age)

PARTICIPANT DETAILS:

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

Date of birth : ____/____/____

ID Number : _____ Passport Number : _____

Legal Guardian Name: _____ Relationship: _____ Cell: _____

(W): _____ (H): _____ Birth Certificate No. if a minor : _____

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 Name: (H) _____ Relationship: _____ (H) _____

(W) _____ (Cell) _____



INDEMNITY AND CONSENT

As the parent / legal guardian of the participant, I/We do hereby grant my consent for the participant's participation and 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.

Subject to an unsuccessful but reasonable attempt being made to contact me on cellular telephone numbers _____ or _____, I hereby appoint and authorise the person in charge of each activity to act in *loco parentis* and to consent to the participant 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.

RowSA will endeavour to take such steps as may be reasonably required in the circumstances to do what it can to keep the participant out of harm, and free from loss, taking into account what can be reasonably foreseen and provided for in each case. However, I/we fully understand and accept that all activities including training, travelling and participation are undertaken entirely at the participant's own risk.

I/We hereby, on our own behalf and on behalf of the participant, jointly and severally 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 the participant or to the participant's property and/or in respect of any claim of the participant and/or the participant's parents/legal guardians and/or third parties arising out of the participant 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/We also waive and renounce any claim or right to claim that I/we and/or the participant 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/or the event howsoever and I indemnify them against all claims brought by or on behalf of my ward or as a consequence of the conduct of my ward.

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 parent or guardian : _____

Signature : _____ Date : _____

Full name of second parent or joint guardian (joint guardians) _____

Signature : _____ Date : _____

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

Signature : _____ Date : _____

Witness:

Signature : _____ Name : _____ Date : _____