



INDEMNITY FORM

I..... am aware that the volunteer project I am about to undertake at the St Georges Home for girls in Wynberg has inherent dangers, which could result in serious injury.

I hereby agree with the following terms and conditions of operations and indemnity: -

1. This activity is being undertaken at my own risk and the organization involved herewith, namely Newkidz on the Block (NPO **Reg. No: PBO 93002927**) will not be held liable to myself or my dependents for any claims arising from injuries, whether fatal or otherwise, sustained during the activity, howsoever such injuries are caused.
2. The Organization and Companies will not be held liable for any loss of or damage to any property sustained by me, howsoever such damage is caused.
3. I undertake to comply with the lawful instructions of any of the Organizations employees or team leaders.
4. I hereby indemnify and hold harmless the company and all other persons against all actions or claims by me arising from the above activity.
5. I accept that the opportunity to volunteer for this project is my own decision and I acknowledge that it is governed by the laws of South Africa and that in the event of my bringing any legal action against the organization, its members, servants or contractors, I agree that only the courts of South Africa shall have jurisdiction.
6. I declare that I am not under the influence of alcohol or any other illegal or intoxicating substance.
7. I confirm that I am not suffering from any medical conditions that may be affected by the above activity.

The following are some of the conditions that may be adversely affected by the above activity:

Pregnancy; High blood pressure; Heart conditions; Neurological disorders; Epilepsy; Acute or chronic knee or back disorders; Conditions of the skeleton, muscles or nervous system; Osteoporosis.

Any persons with declared medical conditions may be required to produce a medical certificate approving the activity, signed within the previous thirty days. The original is to be handed in before commencing the activity.

(Please complete the form using block letters)

First Name: Surname: Age:

ID Number: Email:

Address: Telephone:

In case of an emergency contact:

Name: Address:

Telephone: Email Address:

I HEREBY AGREE THAT ALL INFORMATION IS TRUE AND CORRECT AND HAVE READ AND UNDERSTAND THE ABOVE

Signature: Guardian: Date:

(Please note the Guardian must sign if client is under 21 years of age)