



Indemnity Form

Please write neatly in CAPITAL LETTERS

FIRST NAME:	<input type="text"/>		
SURNAME:	<input type="text"/>		
AGE:	<input type="text"/>	CELL PHONE/TEL:	<input type="text"/>
EMAIL:	<input type="text"/>		
TOWN/CITY:	<input type="text"/>		

By my signature hereto, I acknowledge that I participate in the CANSA Shavathon event voluntarily and at my own risk. Neither the Cancer Association of South Africa (CANSA), the organisers, the sponsors, their agents, employees, volunteers and appointees (collectively referred to as the "organisers") shall be liable for any death, injury, loss or damage to any person or property arising from any cause whatsoever (whether directly or indirectly linked to CANSA Shavathon or not) including, without a limitation thereto, the negligence of any of the above persons or the intentional act of any agents, employees and appointees. Neither I, nor my successors in title or dependants will bring any action, claim or charge for liability or responsibility for any accident, injury, death or disfigurement, or damage to or loss of property, of whatever nature and howsoever arising, against the organisers and I, as well as my successors in title, and dependants, indemnify the organisers from any such liability.

By my signature to these conditions, I acknowledge that whilst every effort is made to ensure the hygiene and safety of all participants, the organisers shall not be deemed to have warranted the safety of any person or their property whilst participating in the CANSA Shavathon event. By my signature to these conditions of participation, I warrant that I am physically, mentally and medically fit and able to participate in the CANSA Shavathon event and that there is no condition whatsoever afflicting me which could limit such fitness to participate.

I acknowledge that my participation in this CANSA Shavathon event is subject to the terms and conditions set out in this form, which terms and conditions I have read and understand.

DONATION: R

DATE:

Signature: _____ Parent/Guardian Signature: _____

**Thank you for your support in the fight against cancer. www.cansa.org.za
0800 22 66 22**