



## Agreement of Consent, Indemnity and Acceptance of Liability

PERSONS 18 YEARS AND OLDER

I, \_\_\_\_\_, ID number: \_\_\_\_\_  
the undersigned do hereby state:

1. I indemnify and hold harmless the accredited coaches and employees of South African Sailing both in their private capacities and as officers of South African Sailing or affiliated clubs in respect of any costs or expenses which may be incurred in respect of myself, including but not limited to costs and expenses related to my injury, death, medical conditions, illness, accidents or any other unforeseen circumstances. I accept personal liability for such expenses and undertake to pay same on demand;
2. I hereby acknowledge that I am participating in sailing training at my own risk and indemnify the coaches, employees, members of the training centre, club and South African Sailing of any losses I may incur whilst on the premises or taking part in the training irrespective of the cause including theft and damage to property or equipment.
3. I further indemnify and hold harmless the accredited coached and employees of South African Sailing both in their private capacities and as representatives of South African Sailing in respect of any claims which may be brought against any of them or liabilities attaching to any of them, arising out of any decision made by them on behalf of and in respect of myself in terms of this agreement or arising out of any death or injury sustained by myself whilst participating in any activities at any South African Sailing accredited sailing course or related events, provided that this indemnity shall not apply in respect of any claim or liability arising out of the wilful or reckless actions or omissions of such coaches or employees;
4. I confirm that all the information provided on the Medical Form attached is accurate and current at the date of signing this indemnity and all medical issues of significance related to me have been disclosed herein;
5. By my signature to this agreement I accept these terms and conditions and confirm that I understand the contents thereof.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature

Signature of SAS Training Scheme representative

\_\_\_\_\_  
(Witness of both signatures)

# Medical Form

This will be kept strictly confidential and disclosed to medical personnel/facilities only in emergencies

<b>Participant's Details</b>												
Full Names												
Date of Birth (dd/mm/yy)					Cell no:							
Postal Address:												
Address Line 2									Post Code:			
ID number					E Mail:							
SAMSA/SAS Power Qualification (mark X where applicable)		SAMSA					SAS				Other Specify	
		R	E	C	B	A	ILS	DS	CS	CS+		
<b>Alternative contact person</b>		<b>Medical Aid Details</b>										
Name		Medical Aid Scheme / Insurer										
Relation to participant		Main member										
Tel (work)		Type of Fund										
Cell number		Fund number										
<b>Family Doctor Details</b>												
Name					Telephone no.							
<b>Medical Condition of Participant</b> (mark X where applicable)												
High Blood Pressure		Heart problems			Bleeding				Asthma			
Epilepsy		Allergies			Diabetes				Other serious			
If any of the above are marked, please give details including medication that is being taken												
Any other minor medical problems that you feel we need to be made aware of? Give details.												

Signed by participant: \_\_\_\_\_ Date: \_\_\_\_\_