



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

Participant's Details					
Full Name					
Date of Birth (dd/mm/yy)		Cell no:			
ID number					
Alternative contact person			Medical Aid Details		
Name		Medical Aid Scheme / Insurer			
Relation to participant		Main member			
Tel (work)		Type of Fund			
Cell number		Fund number			
Family Doctor Details					
Name		Telephone no.			
Medical Condition of Participant (mark X where applicable)					
High Blood Pressure		Heart problems		Bleeding	
Epilepsy		Allergies		Diabetes	
				Asthma	
				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: _____