



## Agreement of Consent, Indemnity and Acceptance of Liability

TO BE COMPLETED BY THE PARENT / LEGAL GUARDIAN OF THE PARTICIPANT

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

1. I am the father/mother/legal guardian of the minor child, \_\_\_\_\_ born on the (dd/mm/yy) \_\_\_\_\_;
2. I hereby authorize the accredited coaches and employees of South African Sailing (National Training Scheme) for the entire period that my minor child is under supervision / control of any of them to:
  - a. act as my authorized agent as guardian of this minor child;
  - b. sign any documentation on my behalf relating to the minor child, whether signature of such documentation is required in respect of any medical operation, treatment of for any purpose that may be necessary; and
  - c. generally do whatever may be necessary in the interests of this minor child on my behalf, provided that before taking any action specified in (b) above such attempt as may be regarded as reasonable under the applicable circumstances (to be decided in South African Sailing's sole discretion) should first be made to obtain my own signature to such documentation.
3. 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 in respect of any costs or expenses which may be incurred in respect of this minor child and for which I may ordinarily be held liable, including but not limited to costs and expenses related to the 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;
4. I acknowledge and agree that a certificate signed by any of the accredited coaches or employees of South African Sailing shall be sufficient and prima face proof of any expenses incurred in respect of my minor child;
5. I hereby provide my consent for this minor child to participate in all activities at any South African Sailing accredited sailing course and related events in which my minor child will participate at his/her own risk.
6. 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 this minor child in terms of this agreement or arising out of any death or injury sustained by this minor child 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;
7. 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 this minor child have been disclosed herein;
8. 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 of father/mother/guardian

\_\_\_\_\_  
Signature of SAS Training Scheme representative

\_\_\_\_\_  
(Witness of parent/legal guardian signature)

## 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: \_\_\_\_\_