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I AM AWARE THAT THE ASSOCIATED ACTIVITIES I AM ABOUT TO UNDERTAKE HAS INHERENT DANGERS, WHICH COULD RESULT IN SERIOUS INJURY. I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS OF OPERATIONS AND INDEMNITY.

Indemnity form for persons participating in activities organised by or on behalf of the Gauteng Climbing, Wonderwall Investments 40 (Pty) Ltd, The Climbing Barn C.C. and SACA.

PART 1 – To be completed by all participants (should participant be under the age of 17, this section can be completed on their behalf by their guardian and need not be signed by the participant).

I, the undersigned

..... (participant’s full names)

Residing at

.....
.....(full residential address)

having been born on.....(full date of birth)

and duly assisted herein by my guardian if I am a minor (under 18) do hereby agree and undertake in favour of Gauteng Climbing, its committees, members, servants and agents, Wonderwall Investments 40 (Pty) Ltd and The Climbing Barn C.C., SACA, (hereinafter collectively referred to as “the Organisers”) that:

1. I am aware of the dangers of personal injury or death inherent in mountaineering, hiking, scrambling, bouldering, rock climbing, indoor climbing and activities incidental thereto to which I may be exposed as a result of my participation in activities organised by or on behalf of the Organisers and I understand and accept that my participation in any such activities is at my own risk for which I accept all responsibility.
2. I, accordingly, hereby irrevocably waive, relinquish and abandon all claims of any nature whatsoever which I may have against the Organisers, arising out of my participation in the Organisers’ activities and activities organised by or on behalf of the Organisers, for loss or damage to property, personal injury or loss of life, howsoever caused and irrespective of whether the loss or damage occurred as a result of negligence.
3. Should I be injured whilst participating in activities organised by or on behalf of the Organisers, I hereby appoint and authorise the Event Organise (or such other person who is co-ordinating the activity on behalf of the Organisers) to consent to my undergoing surgical or other medical treatment which in the opinion of the attending medical practitioner is necessary, and should I be unable to grant my consent thereto. I further undertake to pay the cost of such treatment.
4. I agree that the terms and conditions contained herein will remain binding upon me, my heirs, executors, administrators and assigns.

SIGNED AT ON THIS DAY OF 20.....

PARTICIPANT'S SIGNATURE:

IN THE PRESENCE OF THE UNDERSIGNED WITNESSES (below)

PART 2 – To be completed by guardian of participants less than 18 years of age.

In my capacity as guardian of the abovementioned minor, I,(full names), agree that

1. I confirm that the minor referred to in Part 1 hereof is participating in activities organised by the Organisers with my consent and that I am aware of the dangers of personal injury or death inherent in mountaineering, hiking, scrambling, bouldering, rock climbing, indoor climbing and activities incidental thereto to which the minor may be exposed as a result of his/her participation in activities organised by or on behalf of the Organisers and I understand and accept that his/her participation in any such activities is at my own risk for which I accept all responsibility.

2. I, accordingly, hereby irrevocably waive, relinquish and abandon all claims of any nature whatsoever which I may have against the Organisers, arising out of the minor's participation in activities organised by or on behalf of the Organisers, for loss or damage to property, personal injury or loss of life, howsoever caused and irrespective of whether the loss or damage occurred as a result of negligence.

3. Should the minor be injured whilst participating in activities organised by or on behalf of the Organisers, I hereby appoint and authorise the person who is co-ordinating the activity on behalf of the Organisers to consent to the minor undergoing surgical or other medical treatment which in the opinion of the attending medical practitioner is necessary should it not be possible to obtain my consent timeously. I further undertake to pay the cost of such treatment.

4. I agree that the terms and conditions contained herein will remain binding upon me, my heirs, executors, administrators and assigns.

SIGNED AT ON THIS DAY OF 20.....

GUARDIAN'S SIGNATURE

IN THE PRESENCE OF THE UNDERSIGNED WITNESSES (below)

WITNESSES

1. Name: Signature:

2. Name: Signature:

GC Indemnity

11/02/06