**INDEMNITY AGREEMENT**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert full name and surname) with the following:

Identity Number/Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number/Passport number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do hereby irrevocably indemnity and hold harmless;

 **THE POLOCROSSE ASSOCIATION OF SOUTH AFRICA OR (add hosting clubs details here)**

against all and any actions, suits, proceedings, claims, demands, costs and expenses of whatsoever nature and howsoever incurred which may be taken or made against him or be incurred or become payable by him arising out of my participation in

The year’s **(add name of tour)** over the period of the **(add date of tour)**

**ASSUMPTION OF RISKS:**

I am aware that the annual event involves many risks, dangers and hazards including but not limited to **(tour name) Committee’s control.**

**I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTIING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

1. I freely and voluntarily agree to indemnify and hold the organizing committee, and all the officials, officers, agents and employees harmless from any liability whatsoever from any and all claims, demands, actions or causes of action for personal injury, including death, or property damage arising from or in any way connected to the High Goal event.
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.
3. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by the interpreted solely in accordance with the laws of South Africa and no other jurisdiction; and
4. Any litigation involving the parties to this Agreement shall be brought solely within the laws of South Africa and shall be within the exclusive jurisdiction of Durban Regional or High Court.
5. In entering this Agreement I am not relying upon any oral or written representations or statements made by the Organizing Committee or its agents in respect to the safety of **(tour name)**  other than what is set forth in this Agreement.
6. The Polocrosse Association of South Africa does not have any medical insurance for any players. It is the responsibility of the player, the players parents or the players medical insurance to cover all costs of a medical emergency or in the case of any treatment given by the medical team at the fields. If the player is transported by ambulance to the hospital, the cost of the ambulance is for the players account.

 **Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM FULLY AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I AM OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this day \_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019.

 SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_