## INDEMNITY FORM: EVERGREEN BOARDACRES RESIDENTS' FUN WALK (to be completed by all Walkers, Helpers and Spectators)

		Name:		Unit No.:	
		Identity Number/Date of Birth:			
Identity Number/Date of Birth:  ("The Participant")					
Name of contact person:  (in case of emergency- preferably not your spouse)			Conta	Contact's Phone No:  Compulsory donation R60.00 or more R	
			Com		
Th		a Broadacres Walking Club has arranged a functive hereby made aware of some of the possible r		for Evergreen Broadacres residents, who by partiewith.	cipating
Th	ne Event wil	ll take place at Evergreen Broadacres Lifest	yle Village on Satu	rday 20 <sup>th</sup> April 2024 - registration at 4.15pm	
1.					
	1.2 Any	person who fails, refuses and/or neglects to si	gn this Indemnity fo	orm is prohibited from participating in the Event.	
2.	DECLARA	ATION AND CONSENT			
	-	her signature hereto the Participant acknowled	ges/agrees/declares	that he/she:	
	2.1.1	Voluntarily participates in the Event;			
	2.1.2	accepts rules of the Event, agrees to be bou accordance with such rules;	nd thereto and confi	irm his/her acceptance of participation in the Eve	nt in
	2.1.3	is medically fit and able to participate in the			
	2.1.4	is fully aware of the potential risks involved all risks associated therewith:	d in participating in	the Event and she/he expressly assumes and account	epts
	2.1.5	indemnifies the organisers and sponsors (in claim of whatsoever nature arising out of h	cluding their Direct is/her participation i	own risk and by his/her signature hereto, he/she ors, employees and associated companies) again in the Event. This Indemnity shall however not lift gross negligence or wilful misconduct on the	st any mit
	2.1.6	Indemnity extends to any liability arising o	ut of or in any way omergency, including	to obtain treatment in the event of injury. This connected with the medical treatment and/or g but not necessarily limited to the costs of such	
3.	3.1 The p Inves affilia injury dama other suppo	tments (Pty) Ltd (EPI) its directors, officers, erates, associated companies and insurer, past & Joy, harm, patrimonial loss, death, loss of support ges in connection with the Participant's participates whatsoever. The aforegoing shall hower or any other damages attributable to gross near the street of the st	inployees, agents, incorresent ("the indem or any other damage pation in the Event, wer not limit or exent egligence or wilful re	•	ies, persona ntial any
	3.2 The F	Participant hereby acknowledges that he/she has	s read all the conten	ts of this indemnity form.	
Sig	gned at	on			
Pa	rticipant's S	ignature			
PL	LEASE STA	ATE YOUR BEVERAGE PREFERENCE  1st Choice		2 <sup>nd</sup> Choice	
		Brand of Beer/Savannah:	OR		
		Brand of Cool drink/Water:	OR		
	OOD PREF	ERENCE – Please tick one item below S Pork sausage		Vienna	

Return Indemnity form plus donation to Ernie Unit 80, Norma Unit 111 or Brenda Acacia 1