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| Skill competing in: | |
| Institution represented: | |
| Competitors Full Names and Surnames (as per ID): | |
| Identity Number: | |
| Cell Number: | |
| Physical Address: | |
| Known medical conditions: | |

I, the above named competitor hereby declare that I fully understand and accept that:

1. Where transport is being provided:
 - a. A licenced driver will be driving;
 - b. Reasonable measures have been taken to ensure that the vehicle to be used is roadworthy.
2. The activities which I shall be participating in, is being undertaken at my own risk and may result in personal injury, disability, illness, or death. Being aware of those risks, I consent to participating in the full range of core and co-curricular activities carried on during this event and excursions away from my home.
3. I authorise the staff to obtain all medical and dental advice and treatment including admission to hospital, and to consent to operations and the administration of anesthetics where they consider this to be in the best interests of my health. I agree to pay for the costs of such advice, treatment or hospitalisation, and related costs, and hereby indemnify WSZA staff and other servants or agents of the WSZA, in respect of any claim made for payment in respect of such medical advice treatment, hospitalisation and related costs. I understand that every attempt will be made to contact my nominated emergency contact by telephone prior to any major treatment or procedures. As a result of medical treatment or ill health, supervising staff may plan for me to return home. I hereby indemnify WSZA staff and all other servants or agents of the WSZA, in respect of any claim made for payment in respect thereof.
4. Furthermore, I do hereby indemnify and hold blameless the DHET, WSZA or the institution I am representing or its representatives who are hosting the competition as well as the respective successors, assigns, parents, subsidiaries, affiliates, agents and contractors of each of them, and the officers, directors or employees from and against any risk, damage, loss, claim, judgement, or any other liability or expense [including, but without limitation, reasonable attorney's fees], of whatever kind or nature, whether for death, personal injury, property damage or otherwise, arising out of or in connection with the participation in WSZA.
5. I also indemnify the DHET, WSZA or the institution I am representing or its representatives and its employees of any loss, damage, risk, whether by death, personal injury, or psychological injury should any accident or incident occur and understand that I will not be able to recover any damages through any civil litigation.



6. The use of alcohol, illegal drugs and illegal substances are not permitted. Use thereof, will be regarded as a major misdemeanor, and will result in disciplinary action.
7. Failure to abide by the Code of Conduct and general rules of acceptable behavior will result in disciplinary action.
8. I am responsible for ensuring that the Indemnity Form is signed by my Parent/Guardian. Any misrepresentation will result in disciplinary action.

I undertake to behaving in a responsible manner so as not to:

- Cause harm/injury to myself;
- Cause harm/injury to other parties;
- Damage public and/or private property;

I further agree that I will:

- abide by the WSZA policies in relation to the use of alcohol and illegal and prohibited substances.
- be respectful of varying cultural, social, and religious situations that may require specific behaviour and or specific clothing.
- be sent home in the event of my serious misbehaviour before, during or after the Competition.
- behave in a courteous and cooperative manner with accompanying staff and fellow students.
- behave in a responsible, polite, and courteous manner at all times, and, particularly, to not do or omit to do, anything which causes students, staff or volunteers or the WSZA any loss of reputation or embarrassment.
- in the event of any unscheduled or 'free time', I must always remain in pairs / groups of three as a minimum.
- never depart from the group unaccompanied or without permission and will take care to always protect my own safety as well as the safety of others in the group.
- not hold the WSZA or staff responsible in any way for any claims relating to the loss or damage to personal effects and property in any way connected with the tour
- respect the authority of staff and that I will obey all reasonable instructions.
- take all precautions to protect my own health and safety as well as that of other persons with whom I come into contact.

Signed: _____

Date: _____

Witness 1: _____

Witness 2: _____

Initials and surname

Initials and surname



higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



I, , **[Initials and surname]** _____, in my capacity as the **parent/legal guardian/competitor** [delete/cross out whichever does not apply] do hereby give my unconditional or unqualified permission/authorisation for **[Initials and surname]** _____ to join **[College name]** _____ on (dates) _____ as part of WSZA.

I hereby declare that I am parent/guardian of the afore-mentioned contestant. My information is:

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| Full Names and Surnames (as per ID): | |
| Identity Number: | |
| Cell Number: | |
| Physical Address: | |

I understand that:

1. Final logistical information will be timeously communicated to my child/ward, closer to the event.
2. The onus remains with my child/ward to notify me about the final arrangements, as the above information is subject to change.

Furthermore, I do hereby indemnify and hold blameless the DHET, WSZA or the institution I am representing or its representatives who are hosting the competition as well as the respective successors, assigns, parents, subsidiaries, affiliates, agents and contractors of each of them, and the officers, directors or employees from and against any risk, damage, loss, claim, judgement, or any other liability or expense [including, but without limitation, reasonable attorney's fees], of whatever kind or nature, whether for death, personal injury, property damage or otherwise, arising out of or in connection with the participation in WSZA.

I also indemnify the DHET, WSZA or the institution I am representing or its representatives and its employees of any loss, damage, risk, whether by death, personal injury, or psychological injury should any accident or incident occur and understand that I will not be able to recover any damages through any civil litigation.

I hereby consent to my child/ward to attend and/or participate in the WSZA event and activities.

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|------------------------------|--|
| Signature of Parent/Guardian | |
| Date | |