



CHAIRPERSON: MR B. DU PLESSIS

SECRETARY: MS. F. CASSIEM

www.westerncapeschoolsathletics.co.za

16 March 2026

INDEMNITY FORM

I _____ (Full name and surname of parent / guardian) hereby give consent for my son / daughter _____ (full name(s) and surname) to participate at the **National Primary Schools Athletics Championships to be held at the Green Point Athletics Stadium in Cape Town from the 19-21 March 2026.**

I am aware that the WC Schools Athletics accept no responsibility for any loss, injury or damage that the person or property of my child may sustain whilst engage in any activity, and I waive my right that I have, in so far as I am able, and my child may have to claim compensation against SASA and WC organisers or other members in respect of any loss, injury or damage incurred whilst engaged in the Championship however arising and whether as a result of negligence or otherwise and I indemnify them against all claims of such activity.

I am aware that the attendance at this excursion and the activities which may take place during this excursion may hold the possibility of physical injuries. I accept that all reasonable precautions will be undertaken to ensure the safety and welfare of my child.

To the best of my knowledge, my child is in good health and physically able to participate in the said Championship. I / We, as parent(s) / guardian(s), hereby give permission to the Team Management or their representatives; to authorise medical care / treatment should it be required for my child.

I / We request the Team Management to note the following:

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Please mention information concerning your child's health, allergies, etc. and / or activities in which he / she may participate.)

Signed at this day of March 2026 at

Signature of Mother / Father / Guardian: _____ Cell/Contact No: _____