



March 2026

INDEMNITY FORM

I _____ (Full name and surname of parent / guardian)

hereby give permission for my daughter / son

_____ (full name(s) and surname) to participate in the **WESTERN CAPE ATHLETICS** Track & Field Championships to be held at Royal Bafokeng Stadium, Rustenburg, 8 – 11 April 2026.

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 authorize 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.)

I / We am / are of the opinion that all reasonable precautions will be taken by the commissioned Team Officials, so as to ensure the safety and well-being of my child to, from and at the said Championship.

Signed at this ____ day of April 2026 at _____
VENUE

Signature of Mother / Father / Guardian: _____