



INDEMNITY

I, THE APPLICANT, APPLY TO PARTICIPATE IN A CLINIC WITH
CAPE TOWN SURF SCHOOL AND THEREBY INDEMNIFY,
ABSOLVE AND RELEASE CAPE TOWN SURF SCHOOL,
ITS SPONSORS, MEMBERS AND ANY OFFICIALS CONNECTED
WITH ANY CAPE TOWN SURF SCHOOL EVENTS FROM ANY AND
ALL CLAIMS WHATSOEVER AND FROM LIABILITY FOR INJURIES,
DAMAGES OR DEATH ARISING FROM MY PARTICIPATION OR
ANY LOSS OF PROPERTY. I AUTHORISE THE USE OF PHOTOGRAPHS
TAKEN AT THE CLINIC WITHOUT PAYMENT THEREFORE.
I AGREE TO ABIDE BY THE RULES OF THE CLINIC.

Name of child:

Name of parent:

Signature:

Date: