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VOLUNTARY ASSUMPTION OF RISK AND INDEMNITY

In consideration of me being allowed in preparation and participation in any way in in senior elite rugby e.g., Provincial U20, SA U20, The Carling Currie Cup, Vodacom United Rugby Championship and above (Rugby Activities), I hereby acknowledge and agree as follows:

I _____, the undersigned, understand the nature of the activities, acknowledge my experience and capabilities, and believe I am qualified to participate in the Rugby Activities. I am in good physical condition to safely participate in and complete the Rugby Activities and have no disability, impairment or ailment that will prevent me from safely participating in the Rugby Activities or that will be detrimental to my or any person's health, safety or physical condition whilst participating in the Rugby Activities or while near the Rugby Activities. I furthermore acknowledge that I am aware that the Rugby Activities will be conducted in facilities open to the public. Therefore, I agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation.

I fully understand that the Rugby Activities involve risks and dangers of serious bodily injury, including permanent bodily injuries. These risks may be caused by my own actions, or inactions, the actions or inactions of others participating in the Rugby Activities.

I fully accept and assume all such risks and all responsibilities for losses, costs and damages incurred as a result of my participation in the Rugby Activities.



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I hereby release, discharge, covenant not to sue, and agree to hold harmless the South African Rugby Union, _____ Provincial Rugby Union, its owner(s), administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors and advertisers, and, if applicable, owners and lessors of premises on which the Rugby Activities take place, from all liability, claims, demands, losses or damages.

I accept that I take part in the Rugby Activities entirely at my own risk.

Participant Signature

Date Signed

Full Names: _____

ID Number: _____

Witness Signature

Witness Signature