

**INDEMNITY PERTAINING TO PARTICIPATION IN AND ATTENDANCE OF WRESTLING ACTIVITIES, AND EMERGENCY CONSENT**

1. I fully understand that wrestling is a contact sport and that my participation in this sport, especially in competitive wrestling, exposes me to inherent risks (foreseeable or not) that can result in serious injury, permanent disability or death, property damage and sever economic loss to me, my dependants, legal guardian(s) and/or other possible interested parties (as the case may be).
2. I know that injury and/or loss can occur for any number of reasons, including negligence on the part of the South African Wrestling Federation, its associations, its clubs and other members, officials, sponsors, agents, volunteers and others organising, officiating at or participating in wrestling activities held under your auspices (henceforth, I will refer to this group of persons as "SAWF")
3. I appreciate that I, whilst participating in or attending wrestling activities, must exercise extra care for my own person and for others around me. To this extent I confirm that I am familiar with the sport of wrestling and the rules governing this sport. These include the constitution, rules and policies of the SAWF as well as the rules of United World Wrestling (available at [www.wrestling.org.za](http://www.wrestling.org.za) and [www.unitedworldwrestling.org](http://www.unitedworldwrestling.org) as well as on request from my wrestling club and association). I also state that I have no medical condition or impairment that might inhibit my safe and active participation in and attendance of wrestling activities and that I will not participate in any wrestling activities against medical advice linked with an increased risk of injury or risk to my own health and safety
4. Should I, at any wrestling activity, require medical care and cannot attend thereto myself, I authorise the SAWF to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for my welfare. I agree that, should the SAWF incur any health care expenses, I shall be responsible for all charges pertaining to such health care services, regardless of whether or not such expenses were strictly speaking necessary.
5. Notwithstanding my knowledge and appreciation of the inherent risks and dangers attached to my participation in or attendance of wrestling activities:
  - 5.1. I assume full responsibility for all consequences that can be associated with my participation in or attendance of wrestling activities. I confirm that I will participate in and attend wrestling activities entirely at my own risk and that neither I, my dependants or any other person with a legal interest (as the case may be) can have any claim that pertains to such participation or attendance, against the SAWF;
  - 5.2. I indemnify and agree not to hold the SAWF liable for all and any liability whatsoever, even if caused by negligence, that can in any measure or way be connected with my participation in or attendance of wrestling activities;
  - 5.3. I agree that this indemnity applies equally to all wrestling clubs and associations (and persons associated therewith), as if these wrestling clubs are the SAWF; and
  - 5.4. I agree that this waiver and indemnity is irrevocable for as long as I remain a member of the SAWF, club or association and remains binding should I cease to be a member of the SAWF. In addition, this waiver and indemnity cannot be amended unless such amendment is reduced to writing and signed by both of us.
6. The SAWF may use your image, likeness in any live or recorded video display, photograph or picture.
7. This waiver, indemnity and emergency consent is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision in this document is held to be invalid or legally unenforceable for any reason, the remaining clauses of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

Thus done and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Member's Name: : \_\_\_\_\_ Identity Number : \_\_\_\_\_

Signature : \_\_\_\_\_ Parent/Legal Guardian : \_\_\_\_\_

Witness : \_\_\_\_\_ Witness : \_\_\_\_\_

**[Important note: If the person signing this document is a minor, this document must be countersigned by his or her parent or legal guardian. This indemnity does not provide cover against gross negligence or intentional conduct by the SAWF and those mentioned in point 2 above, which may cause loss or injury].**