

(Office Use Only) Computer \_\_\_\_\_ Club: \_\_\_\_\_

**LIFESAVING SOUTH AFRICA  
(hereinafter referred to as 'LSA')  
REGISTRATION & INDEMNITY FORM**

**(To be completed and uploaded into the LSA Database or returned to your Instructor/ Club Official)**

Lifesaving South Africa collects and holds data on members, and where members are under the age of 18, their parents or guardians for the sole purposes of Lifesaving activities as defined in the LSA constitution. Members can access their own personal information on <http://www.lifesavingsa.org.za>

**IN COMPLETING THIS FORM, YOU CONSENT FOR LIFESAVING SOUTH AFRICA TO COLLECT AND STORE YOUR PERSONAL DETAILS FOR LIFESAVING PURPOSES, INCLUDING STATUTORY REGISTRATIONS. FAILURE TO COMPLETE THIS FORM IN FULL WILL RESULT IN THE TERMINATION OF YOUR MEMEBRSHIP.**

**MEMBER'S DETAILS (PLEASE USE INK AND BLOCK LETTERS) ALL FIELDS ARE MANDATORY**

1. SURNAME.....FIRST NAMES .....
2. STREET ADDRESS .....
3. E-MAIL ADDRESS .....
4. CONTACT NO/S: LANDLINE ..... MOBILE .....
5. ID NO.....TICK APPROPRIATE BLOCK MALE  FEMALE
6. FOR STATUTORY REPORTING (BBBEE, Dept Sport and Rec, SASCO, Sponsorships, NLC, etc.)  
PLEASE INDICATE YOUR DEMOGRAPHIC  
BLACK  WHITE  COLOURED  INDIAN  OTHER
7. HOME LANGUAGE .....
8. CURRENT OR LAST SCHOOL ATTENDED: .....
9. DO YOU HAVE A DISABILITY? IF YES PLEASE STATE WHAT .....

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM. PARENT OR GUARDIAN'S DETAILS\* (Please use ink and block letters) [\*DELETE WHAT IS NOT APPLICABLE]**

1. SURNAME..... FIRST NAMES.....
2. STREET ADDRESS IF DIFFERENT FROM ABOVE.....
3. E-MAIL ADDRESS.....
4. CONTACT NO/S: LANDLINE ..... MOBILE .....
5. ID NO.....TICK APPROPRIATE BLOCK MALE  FEMALE
6. YOUR RELATIONSHIP TO THE MINOR.....

**PROOF OF IDENTIFICATION DOCUMENT [i.e. Identity Document/Passport/Birth Certificate] MUST ACCOMPANY THIS FORM.**

**VERY IMPORTANT: PLEASE NOTE RE SIGNATURE IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM.**

**IF YOU REPRESENT OR ACT ON BEHALF OF ANOTHER PERSON OR LEGAL ENTITY OR MINORS THAT ARE NOT PART OF YOUR FAMILY ('OTHER PERSON'), YOU MUST PROVIDE US WITH A WRITTEN MANDATE/ RESOLUTION AUTHORISING YOU TO SIGN THIS INDEMNITY FORM ON BEHALF OF THE OTHER PERSON OR THE OTHER PERSON MUST BE GIVEN A COPY HEREOF AND SIGN IT. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN ALL ACTIVITIES BEING CANCELLED.**

**INDEMNITY AND CONSENT**

I.....[FULL NAMES OF SIGNATORY], the undersigned, hereby acknowledge that I have read & understand this indemnity and consent form & agree to be bound by the following:

I accept that I and/or my child or the child in my care will be exposed to a variety of risks and dangers inherent in or associated directly or indirectly with the LSA activities I and/or my child or the child in my care will participate in.

I realise that all the activities require of me and/or my child or the child in my care to be in a good physical and mental condition and I and/or my child or the child in my care warrant that I am in such a condition, having checked with my medical practitioner.

I agree to obey at all times, whether participating in any activity or not, any warning notices and instructions of the LSA management and/or the person in charge of the activity. I also acknowledge that the LSA management and/or the person in charge of the activity may, in his/her sole discretion, decide to cancel, terminate or curtail any activity at any stage for whatever reason the LSA management and/or the person in charge of the activity in his/her sole discretion deems fit.

I hold harmless and indemnify LSA, the Provincial and/ or District Associations and their affiliated Clubs, members of these bodies, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees in and parties involved with and/or arranging or providing any activities, against and including (without limiting the generality of the foregoing) any loss of or damage to personal effects, financial loss, illness, injury, harm, trauma or death (howsoever caused) including any claim from my wife/ husband, children or dependents, common law wife or life partner for maintenance, pain and suffering as a result of injuries or otherwise or due to any arrangements having to be changed, amended or cancelled and/or legal costs that LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employees representatives (or any of the other parties indemnified herein) may incur.

This indemnity will apply irrespective of any act, omission or negligence on the part of LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employee's representatives (or any of the other parties indemnified herein) may incur.

LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employee's representatives will under no circumstances be liable for any indirect, consequential or special loss or damage, irrespective of the cause.

Intellectual Property: I acknowledge that LSA owns all rights subsisting in copyright, trademarks, trade names, logos, designs, images (including photographs, video and film), service marks or performance rights relating to my and/or my child or the child in my care's participation in/or at any LSA activity and give consent for my and/or my child or the child in my care's images to be used by LSA.

THUS, DONE AND SIGNED AT .....BY.....ON .....  
[FULL NAMES OF SIGNATORY] DATE

.....  
Signature of MEMBER

.....  
Signature of PARENT/GUARDIAN