Flairs Sports Academy (Pty) Ltd / Plumstead Gymnastics Club / Claremont Gymnastics Club Trial Lesson & Minors Indemnity Acceptance Form

Venue: Zwaanswyk Academy

Grade & Teachers Name:

Gymnast's Details

Full name and surname of Gymnast : _____

Date of birth : ____/____/____

Parent/legal guardian Details

Full names and surname : _____

Telephone number (Cell) : _____

Email : _____

Does the gymnast suffer from any medical conditions? YES / NO

If so, what and list medication : _____

INDEMNITY TO BE SIGNED BY THE MEMBER OR PARENT OR LEGAL GUARDIAN OF CHILDREN/ MINORS/ PARTICIPANTS PARTICIPATING FOR THE TRIAL LESSON

FLAIRS SPORTS ACADEMY (PTY) LTD / PLUMSTEAD GYMNASTICS CLUB / CLAREMONT GYMNASTICS CLUB

I, the undersigned acknowledge that I understand the safety aspects pertaining to the participation by my child / participant in any SOUTH AFRICAN GYMNASTICS FEDERATION (SAGF), WESTERN CAPE GYMNASTICS ASSOCIATION (WCGA), CAPE TOWN GYMNASTICS ASSOCIATION (CTGA), FLAIRS SPORTS ACADEMY (PTY) LTD (FLAIRS), PLUMSTEAD GYMNASTICS CLUB (PLUM GYM) and CLAREMONT GYMNASTICS CLUB (CLARE GYM) activity, and that I accept the risks which are inherent in the participation in the aforementioned.

I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold Flairs Sports Academy (PTY) Ltd (FLAIRS), Plumstead Gymnastics Club (PLUM GYM) and Claremont Gymnastics Club (CLARE GYM), its employees, licensees, assign, agents and / or representatives and his/her staff blameless should I contract the disease at the venue of the gymnastics club or from the gymnastics club staff members.

By signing below, I hereby indemnify and absolve SAGF, WCGA, CTGA, FLAIRS, PLUM GYM, CLARE GYM, the Committee, its officers and individuals officiating SAGF, WCGA, CTGA, FLAIRS, PLUM GYM and CLARE GYM members from any liability to the participant or to me of any claim, of any nature whatsoever and howsoever caused to the participant and/or me which may arise from injury, illness, damage, loss, mishap, accident or any other occurrence, resulting from the participant's participation.

In so doing I acknowledge that I am aware of the risks to which the participant and I might be exposed as a result of such participation and voluntarily accept all such risks I further indemnify SAGF, WCGA, CTGA, FLAIRS, PLUM GYM and CLARE GYM, its officers and leaders against any claim or legal proceedings instituted by myself or any third party which may arise from taking part in any activity organized by SAGF, WCGA, CTGA, FLAIRS, PLUM GYM and/or CLARE GYM. I accept that the participant and I participate in SAGF, WCGA, CTGA, FLAIRS, PLUM GYM and CLARE GYM activities entirely at our own risk.

I declare that I have read and understand the meaning and implication of this indemnity.

Signed at _____ on this _____ day of_____20 .

Signature: _____ Name: _____