



SOUTH AFRICAN
HALL OF FAME

INDEMNITY - MINOR VISITING SAHOF EXHIBITION

One responsible parent/guardian or student over 18 years of age to complete one form per pupil PRIOR to commencement of visit to The South African Hall of Fame Exhibition at FNB Stadium, Nasrec, Johannesburg.

Student full name: _____ School/Institution: _____
Student full name: _____ School/Institution: _____
Student full name: _____ School/Institution: _____

I _____ (FULL NAME), the undersigned, with ID number _____,
parent/legal guardian of above mentioned minor(s) attending The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, hereby declare as follows:

1. I acknowledge that the minor will be entering The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, entirely at his/her own risk and that the minor will make use of the facilities and recreation activities at The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg at his/her own risk.
2. I understand that the minor be subjected to man-made, and/or natural elements which may pose are a risk to the minor.
3. I understand and fully appreciate that there are risks involved and that The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, its board, directors, management, employees and agents are not liable for any loss, injury or damage, unless such loss, injury or damage is caused by the negligence, willfulness and/or deliberate act and/or omission of The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, its board, directors, management, employees and agents.
4. I declare that the minor is medically fit to attend the above-mentioned visit, and that he/she does not pose any threat or risk to either him/herself or the other guests. I confirm that I am obliged to declare any existing medical pre-conditions that the minor suffers. Should any medical condition exist, I undertake to fill it in on the scholar's medical form, and to send all necessary medication and/or treatments with the scholar on the above-mentioned visit.
5. I acknowledge that any medical costs incurred for medical treatment in an emergency will be for my own account and authorize The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, and its authorized designees to give permission to a hospital and/or medical physician to perform necessary emergency treatment.
Please list all known medical conditions and allergies that we should be aware of:

6. I am aware that the visitor is at the minor's own risk, and I undertake to inform and instruct him/her that he/she should immediately notify a responsible person should any circumstances/conditions during the visit change in such a way that it poses a danger to the minor's health and/or safety.
7. Please take note that by law, no staff working at The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, is allowed to supply any visitor with any form of medication or open wound treatment. It is very important that the minor should be supplied with their own medication during their visit at The South African Hall of Fame. The South African Hall of Fame Interactive Exhibition at FNB Stadium, Nasrec, Johannesburg, will only supply a basic level 2 treatment to wounds incurred during the visit.
8. All provisions of this disclaimer are severable from each other. Any provisions of this disclaimer which become unenforceable, whether due to voidness, invalidity, illegality, unlawfulness or any other reason whatsoever, shall, only to extend that it is so unenforceable, be treated as pro non scripto and the remaining provisions of this disclaimer shall remain of full force and effect.
9. The Signatory warrants as a statement of fact that I have full legal capacity to enter into this agreement and confirm that I have read and understand the terms of this indemnity and agree to be bound by the terms hereby.

I hereby certify that I have read and understand all the details of this indemnity form.

Signed at _____ on this _____ day of _____ 20____

Parent / Legal Guardian Name

Parent / Legal Guardian Signature

Telephone number(s) of parent/legal guardian(s) in case of emergency