SURFING SOUTH AFRICA (SSA) INDEMITY DOCUMENT

LOCATION OF THE EVENT:
DATE:

Declaration

In consideration for my being able to participate in the ---------- (hereinafter called the "EVENT"), I state that I am familiar with all the hazardous conditions which may exist in connection with surfing Events.

I am aware that there are hazards that may exist in connection with my participation in such competitions and I voluntarily participate in these activities with knowledge of those hazards. I further state that I hereby assume the risk for any injuries that I may sustain in connection with my participating in the event, and I hereby fully release and forever discharge Surfing South Africa (SSA), its Officials and Directors, Sponsors of the Event, City, Municipality and Province and where applicable, their respective agents and employees from all claims, damages, actions, suits or judgments that may result from any type of injury I may sustain while participating in the Event. I hereby indemnify and hold harmless Surfing South Africa (SSA), Sponsors of the Event, City, Municipality and Province and where applicable, the sponsors and their respective agents, employees, successors and assigns from any injury or death so sustained. I also assign to the promoters of said Event, Surfing South Africa (SSA), Sponsors of the Event, City, Municipality and Province and where applicable, the exclusive commercial use of all photographs and photographic reproductions, television broadcast and motion pictures taken of me during the Event, whether in or out of the water. I also agree to conduct myself in a professional sportsmanlike manner prior to, during, and after the Event and while I am in the vicinity of the Event as outlined in the SSA Code of Conduct

I will not engage in any surfing activity near the contest area, unless authorized to do so, during the event.

I have had an opportunity to be appraised of and reviewed all the rules and regulations applicable to the competition (see SSA Rule Book on www.surfingsouthafrica.co.za) and understand that any violation of these rules, or any unsportsmanlike conduct, will be cause for penalties which may take the form of a warning, a fine, or immediate disqualification from the Event. These decisions will be taken in accordance with the Rules and Regulations of SSA by the Contest Director and/or the SSA Board of Directors.

I also agree to compete and appear in competition attire provided by the sponsors from time of issue until completion of competition and during awards presentations.

Assumption of Risk

The undersigned further states that he/she merely assumes the risks for any injuries that he/she may sustain in connection with his/her participation in the event and he/she hereby fully releases and forever discharges SSA, City, Municipality and Province and where applicable, the sponsors and their respective directors, shareholders, agents, employees, successors, assigns and affiliated organizations, from any claims, damages, actions, suits, or judgments resulting from their negligence or other causes that may result from any injury or death that the undersigned may sustain while participating in the event and thereby indemnifies and holds harmless SSA, City, Municipality and Province and where applicable, the sponsors, and their respective directors, shareholders, agents, employees, successors, assigns and affiliated organizations, from any injury or death so sustained.

The undersigned verifies his/her agreement to accept any and all risk of injury or death arising out of or related to the Event by signing this release form.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents and I am aware that this is a release of liability and a contract between myself and SSA, City, Municipality and Province and where applicable, their respective directors, shareholders, agents, employees, successors, assigns and affiliated organizations.

I sign this agreement of my own free will.

PARTICIPANTS NAME
ID NUMBER
EMAIL ADDRESS
CONTACT NUMBER
NAME OF PARENT /LEGAL GUARDIAN IF UNDER 18

SIGNATURE

DATE