



# INDEMNITY AND CONSENT FORM

## LETTER OF PERMISSION FOR A MINOR TO PARTICIPATE IN THE LOCAL SOUTH AFRICAN RUGBY UNION (SARU)/WORLD RUGBY/SANZAAR COMPETITION/RUGBY AFRICA MATCH

I, \_\_\_\_\_ [Full name, surname], the parent/legal guardian of \_\_\_\_\_ [Full name, surname] hereby give permission for my child to participate as a "Ball Retriever" in local SARU competitions, including World Rugby/SANZAAR/Rugby Africa matches and tournaments hosted by the local Unions, to which he/she is appointed for.

I hereby indemnify and hold SARU, including World Rugby/SANZAAR/Rugby Africa, South African Rugby Referee Association (SARRA), the hosting Union/Club/School and its representatives harmless against any claim or demand arising from injuries to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such sporting activity.

I agree that, if in the opinion of the hosting Union/Club/School or independent Emergency Medical Service personnel an emergency has arisen and medical treatment be deemed necessary for my child, the hosting Union/Club/School or independent Emergency Medical Service personnel shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment on my behalf.

I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

As far as I am aware my child is physically capable of participating in the said sporting activity and he/she is in good health. However, the persons responsible should please note the following:

***[Please state aspects that the hosting Union/Club/School should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.]***


The following information is essential in case of medical treatment or hospitalisation:

- Name of your Medical Aid Society: \_\_\_\_\_
- Medical Aid No: \_\_\_\_\_
- Name of principal member of Medical Aid (usually father) \_\_\_\_\_
- Contact details of Medical Practitioner to be contacted for medical history if necessary:  
\_\_\_\_\_
- Emergency contact telephone number/s over the period of the activity:
- Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN      \_\_\_\_\_      DATE      \_\_\_\_\_      I.D. NUMBER