



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

INDEMNITY AND DISCLAIMER FORM

I, _____ (full names)

student number: _____ address: _____

_____ hereby declare that, should I participate in any activity of the University of Pretoria, I understand and accept that I shall do so entirely at my *own risk*. I hereby fully indemnify the University of Pretoria and any of their members, employees, contractors and agents from any liabilities of whatever nature and cause, for personal injury (including but not limited to bodily, physical or mental injury), any property damage or loss (to my own property or that I cause to the property of others), and any other liability incurred during related activities.

I hereby confirm that: (*read and tick all boxes*)

- ☐ I understand and accept the terms of this indemnity form; and
☐ confirm that the information provided above, is correct.

SIGNATURE

Date and Place

| | |
|--------------------------------------|--|
| Initials and surname (please print): | |
| ID number: | |

**This portion should only be completed if the student is younger than 18 years
(Child's Act 1 July 2007)**

I, (parent/guardian) _____
(full names and surname) declare that the above student is completing this indemnity agreement with my consent and assistance.

Signature of Parent/Guardian

Date

WITNESSES:

1. _____ 2. _____