

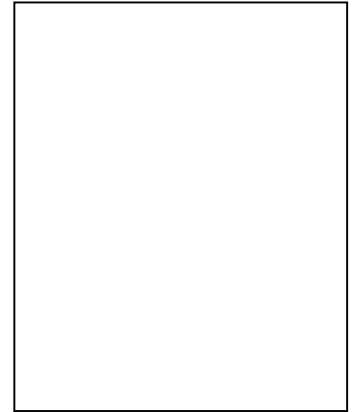
KLIPWAL GOLD MINE INDEMNITY AND WAIVER FORM

I, the undersigned or legal guardian, _____

of (Address) _____

Tel No: (_____) _____ Cell No: _____

being the Legal Guardian of (Ward's full name) _____



do hereby indemnify the **KLIPWAL GOLD MINE**, and its employees, representatives, instructors or agents against any claim or claims for compensation or damage, loss or injury, fatal or otherwise, however arising including but not limited to any acts, omissions or default, sustained during the course of any of the theoretical, operational or practical aspects of the training exercises or any other activities, caused directly or indirectly to me or my belongings / properties, which indemnity shall extend to my dependants, estate or any person whomsoever, as well as against any damage which **KLIPWAL GOLD MINE**, its instructors, servants, representatives or agents may suffer through any of my acts or omissions howsoever caused, and I hereby unconditionally waive any right that I may have against the **KLIPWAL GOLD MINE** its principals, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

I accept that I will be undertaking any instruction, tasks or exercises at my own sole risk and peril.

This indemnity extending further to cover the re-imbusement for all legal and other expenses that may be incurred by **KLIPWAL GOLD MINE**, in examining, litigation, or settling any such claim.

I understand that the course I will be participating in will involve physically strenuous activities. I hereby declare that to the best of my knowledge I do not suffer from any medical conditions with the exception of:

Specify _____

Furthermore I understand that not declaring knowledge of the above medical conditions to the course facilitator may affect my participation in the course and / or place me at a high degree of risk.

Thus done and signed at _____ on this the _____ day of _____ 20 _____ in the presence of the undersigned witnesses -

AS WITNESSES:

1. _____

2. _____

Signature of Applicant / Legal Guardian

NEXT OF KIN

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TEL No: (W) _____

TEL No: (H) _____