



**SPRINGS SQUASH CLUB**  
PARKES AVENUE, SELECTION PARK, SPRINGS  
P.O.BOX 25019 EDELWEISS SPRINGS, 1577

**INDEMNITY FORM / COVID-19**

I agree not to hold Squash South Africa, Organising Committee, the national, regional or local government, the provincial squash association, any sponsor, venue owner, club management, accommodation provider, transport operator, official, volunteer or any person and their agents assisting in the return to play after restrictions for COVID-19 have been lifted liable for any claims, injury or illness, or any damage to my property or loss of my property which I may suffer directly or indirectly as a result of travelling to and from and participating in any events (from the time of arrival at the squash venue and/or official accommodation until the time of departure). I am aware that I should arrange my own insurance if I required.

I participate voluntarily in squash and acknowledge that my health remains my sole responsibility.

I agree to abide by guidelines of the club and Government and any rules and regulations promulgated by the club. I confirm that I am fit to participate. I agree to provide any COVID-19 related personal (full name, ID number, cell number etc.) or health related information to the club and medical personnel on request.

I understand that COVID-19 tests may be requested at any time and agree to such a test if required and to provide the results to the club or other relevant parties.

I also understand that club and/or its representatives have the right to suspend and/or expel me from the club if I act in contravention of its rules and regulations or if my continued participation may endanger the health or welfare of myself or any other person involved.

By signing this document, I confirm that I am fit, in good health and can resume training and/or competition.

I understand that I have the right to seek legal advice and have done so or have waived such right before signing this document.

I am 18 years and older. I have read this document, and I am signing it freely. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by remaining terms.

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Name Parent/  
Guardian (if under 18): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)



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Department:  
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REPUBLIC OF SOUTH AFRICA

