



## PARENTAL CONSENT AND INDEMNIFICATION FORM

I, (Full name of parent/legal guardian) \_\_\_\_\_

Father/Mother/Legal Guardian (*circle appropriate option*)

Of (Full name of child) \_\_\_\_\_

ID Number (of child) \_\_\_\_\_

Residing at (Full address) \_\_\_\_\_

Fully understand and hereby consent to the risks associated by my child participating in senior elite rugby e.g. Provincial U20, SA U20, Vodacom Cup, Absa Currie Cup, Super Rugby and above (Rugby Activities). I fully understand that the Rugby Activities involve risks and dangers of serious bodily injury, including permanent bodily injuries. These risks may be caused by my child's own actions, or inactions, the actions or inactions of others participating in the Rugby Activities. I also understand that all such Rugby Activities are undertaken by my child at his own risk. I fully consent to my child participating in Rugby Activities during and in preparation for all and any of the above mentioned competitions.

I am aware and accept that neither the South African Rugby Union and \_\_\_\_\_ Provincial Rugby Union, nor its owner(s), directors, agents, officers, volunteers, and employees, other participants, any sponsors and advertisers, and, if applicable, owners and lessors of premises on which the Rugby

**BokSmart National Rugby Safety Programme – SARU**  
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Activities take place, accept any responsibility for any loss, injury or damage that my child may sustain whilst taking part in any Rugby Activity.

I waive any right that I or my child may claim compensation against any of the aforementioned parties in respect of any loss, injury or damage incurred whilst taking part in the rugby Activities whether as a result of negligence or otherwise and I indemnify them against all claims.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date Signed

Full Names: \_\_\_\_\_

ID Number: \_\_\_\_\_

Capacity: \_\_\_\_\_

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Witness Signature

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