CTA TEAM 2026
INDEMNITY FORM

TO BE COMPLETED AND SIGNED BY THE ATHLETE'S LEGAL GUARDIAN

I,_____hereby give permission for

my child, _____ (full names), to attend the **INTER DISTRICT PRESTIGE CHAMP** in the Gqeberha and to be part of the team.

MEDICAL AID NAME	**NUMBER**
MAIN MEMBER NAME AND SURNAME	

I request that the Coaches and Team Managers-in-charge act in loco-parentis.

Notwithstanding the above, I agree that I accept full responsibility for any physical harm incurred to my child/children during transit to or from this tour.

I accept full responsibility for any loss that my child/children might suffer as a result of injury, illness or loss of life; or damage to property my child/children may sustain during the proposed trip from any cause whatsoever or however arising. I indemnify and will not hold the CTA liable for any such claim, howsoever arising and without derogating from the generality hereof.
I record that I am aware of the inherent risks involved in tours, river excursions, hikes, camping, being accommodated on the trip and associated activities. These risks include loss or damage to personal property, injury or fatality, accident or illness in remote places without medical facilities and exposure to temperature extremes or inclement weather.
Knowing of the inherent risks and dangers involved, I certify that my child/children are fully capable of participating in these activities that CTA has organized on this tour, subject to the condition that my child/children will obey lawful instructions of the guides or their deputies covering any aspect of the excursion, and acknowledge that my child/children are fully bound by and will comply with instructions.

I hereby acknowledge having accepted the terms and conditions that appear above.

Signed at: _____on this _____day of _____2025

Parent name: _____

Signature: _____

CTA/CTMA always refers to CAPE TOWN METRO AQUATICS, its employees, agents and associates.