



Hexvallei Touch Tournament 30th May 2009 Team Indemnity Form



TEAM NAME _____

MANAGER/CAPTAIN NAME		SURNAME	
CELL PHONE		OFFICE NUMBER	
FAX		COMPANY	
EMAIL ADDRESS			

TEAM MEMBER DETAILS

This form must be thoroughly completed before tournament registration is official.
Before signing, please read the underlying clause, as well as the rules and conditions of entry.

	Name and Surname	ID Number	Email Address	Contact Number
1				
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Indemnity: I on behalf of my team hereby agree and declare that In 2 Touch and the venue authorities shall not be liable for any claim, damages, injury, death or loss of or damage to property, however caused, whether due to the negligence or gross negligence of the above mentioned parties, their employees or their representatives, or not.

Signed _____ Date _____ Place _____
Captain