



SOUTHERN CAPE  
GOLF UNION

# WOMEN'S GOLF

## INDEMNITY FORM 2016

I, the undersigned

hereby indemnify the Southern Cape Golf Union from any liability to compensate me or any other party claiming through me or my estate in respect of any injury that I may sustain whilst being engaged in any activity related to the fulfilment of my duties as a player or team member of the Southern Cape Golf Union, Women's Golf and/or whilst being transported to or from any function in order to fulfil my said duties.

SIGNED AT

ON THIS

DAY OF

2016

SIGNATURE  
PLAYER/TEAM MEMBER

WITNESS

PRINT NAME

Personal Details:

Full Name

Date of Birth

Identity Number

Medical Aid name & number

Additional family member name and contact telephone number