

TEL: 044 873 4017 FAX: 044 873 4546 EMAIL: heinrich@scgu.co.za

INDEMNITY FORM

1,			• • •
hereby indemnify the Southern Ca or any other party claiming throug may sustain whilst being engaged as a player or team member of the to or from any function in order to the	gh me or my estate in any activity relate e said associations,	in respect of any injury thated to the fulfilment of my duti	t I es
SIGNED AT:			
ON THIS	DAY OF	202	20
SIGNATURE PLAYER/TEAM MEMBER			
WITNESS			