

STRANDVELD HIKING CLUB / STRANDVELD VOETSLAAN KLUB

APPLICATION FOR MEMBERSHIP YEAR / AANSOEK VIR LIDMAATSKAP JAAR _____

SURNAME/VAN _____

NAME/NAAM _____

ADDRESS/ADRES _____ PO BOX _____

SUBURB/VOORSTAD _____ CITY _____

ID NUMBER _____ POSTAL CODE _____

E MAIL/E POS _____

CELL/SEL No _____

MEDICAL AID NAME _____ NUMBER _____

MEDICAL AID PLAN _____ BLOOD GROUP _____

HOUSE DOCTOR/HUIS DOKTOR _____ CELL/SEL _____

NEXT OF KIN/NAASBESTAANDES _____

RELATIONSHIP/VERWANTSKAP _____ CELL/SEL _____

Indemnity - Strandveld Hiking Club:

I, the undersigned, will abide by the rules governing the hike and undertake to adhere to all decisions of the event organizers. I also do hereby agree for myself, my dependents and my estate, that neither I, nor my dependents, nor my estate shall have any claim whatsoever against Strandveld Hiking Club or any of their respective officials, agents or employees. I do hereby indemnify the persons aforesaid against all actions, costs, expenses and demands in respect of death, injury or damages to the person or property of myself, or any other person whatsoever and however caused, arising out of or in connection with this entry or my taking part in the hikes and events and notwithstanding that the same may have contributed to or been occasioned by the negligence of said bodies, their officials, servants, representatives or agents.

SIGNED _____

DATE _____

Vrywaring – Strandveld Voetslaan Klub

Ek, die ondergetekende, onderneem hiermee om my aan die reëls van die stap klub, asook die besluite deur die verantwoordelike persone geneem, te onderwerp. Ek onderneem ook namens myself, my afhanklikes en my boedel om geen eise teen Strandveld Voetslaan Klub, of enige van die verantwoordelike persone in te stel nie. Ek vrywaar die genoemde Klub, verantwoordelike persone, asook enige persone wat met die stap gemoeid is van enige aksies, eise, onkoste, wat deur dood, besering of enige ander gebeurlikhede, wat uit my deelname aan die voetslaan klub uitstap mag ontstaan.

GETEKEN _____

DATUM _____

R50.00 Fee paid – Received by _____

Date _____