INDEMNITY FORM

I, (full name) _____
(print)

Identity number _____

In my capacity as _____ of _____

(full name of institution) being duly authorized hereto on behalf of institution with regard to

_____

_____ (state purpose/event)

With full knowledge of such declaration, declare as follows:

I hereby indemnify the City of Ekurhuleni against and hold it harmless from or any loss or damage, or all actions, proceedings or claims arising from the permission granted for the holding of the abovementioned event and/or arising from the negligence or gross negligence or any other cause whatsoever in connection herewith.

That I will have no claim for damages against City of Ekurhuleni arising from or regarding any personal injury or any injury to an employee, any damage caused to any person, company or employee, property, including loss of property, whilst holding/hosting of the abovementioned event.

That I will always have the appropriate Public Liability insurance in place.

Signed at _____ on this _____ day of _____ 20____

_____ _____
SIGNATURE **DATE**

Who hereby warrants that s(he) is duly authorised to sign the agreement on its behalf.

WITNESSES:

_____ _____
SIGNATURE **DATE**

_____ _____
SIGNATURE **DATE**

CITY OF EKURHULENI: DELEGATED OFFICIAL

Signed at _____ on this _____ day of _____ 20____

_____ _____
SIGNATURE **DATE**