



SARDA RIDING FOR THE DISABLED ASSOCIATION
CAPE TOWN BRANCH



Non-Profit Organisation Reg: 002-822
Public Benefit Organisation No: 18/11/13/2516

SARDA Centre
Brommersvlei Road
Constantia
7806

"THERAPY IN MOTION"

PO BOX 235
Constantia
7848

Application For School / Association / Group wanting to Attend SARDA

Date of Application: _____

1. Name of Organisation: _____

2. Address: _____

_____ Postal Code: _____

3. Contact Details:

(Tel) _____ (Fax) _____

Email Address: _____

Contact Person: _____

4. Number of Learners/members wishing to attend SARDA: _____

5. Types of Disabilities:

a. _____

b. _____

c. _____

d. _____

e. _____

PR:
Tel: +27 (0)21 794 6191
Email: capetown-pr@sarda.co.za



www.sarda.co.za



Office:
Tel: +27 (0)21 794 4393
Fax : +27 (0)86 695 3409
Email: capetown@sarda.co.za

WAIVER AND INDEMNITY

I the undersigned, _____ (Legal Guardian) do hereby warrant that I am the legal guardian of the members (“the members”) of the group listed above presently of _____

_____ (residential address details)

and do hereby state that:

1. all participation by myself and the members in any therapeutic, sporting or recreational activities in association with SARDA and whether as a participant or as a spectator or in any other manner whatsoever, are entered into freely and voluntarily by myself and my child and entirely of my and the member’s own accord and with my consent; and
2. I have independently investigated and understand the risks and dangers involved in such activities as aforesaid and particularly as they relate to myself and the members; and
3. I accept that all and any risks and/or liability which may arise or be incurred by myself or the members in any such activities as aforesaid, are assumed by and to be borne by me entirely.

In the circumstances I hereby indemnify SARDA and each of its directors, officers, trustees, employees, volunteers and agents (in each of whose favour this constitutes a stipulatio alteri**) from all and any risk and/or liability whatsoever and howsoever arising directly or indirectly out of or in connection with the activities described above including, without limitation, any liability in connection with:

1. any harm or bodily injury sustained by myself and/or the members; and/or
2. death of myself and/or the members; and/or
3. any loss of or damage to property sustained by myself and/or the members; and/or
4. any claims for losses and/or damages including consequential damages which I, the members and/or any of our dependants or our estates might obtain.

(Explanatory Note: ** for the sake of clarity, a stipulatio alteri is a provision contracted for the benefit of a third party and which is capable of being accepted by that third party and becoming binding in that third party's favour against the persons providing the indemnity.)

SIGNED AT _____ ON THIS _____ DAY OF _____ 200__

Witness:	
_____	_____
Full name	Signature
_____ Signature of legal Guardian for and on behalf of the members and warranting my capacity as such	