INDEMNITY AND WAIVER FORM

I, the undersigned _____ ID no: _____

Of (Address) _____

And PO BOX : _____

Do hereby indemnify **FIRE OPS SA** and its employees, representatives, instructors or agents against any claim or claims for compensation or damage, loss or injury, fatal or otherwise however arising including but not limited to any acts, omissions or default, sustained during the course of any of the theoretical, operational or practical aspects of the training exercises or any other activities, caused directly or indirectly to me or my belongings / properties, which indemnity shall extend to my dependants, estate or any person whomsoever, as well as against any damage which **FIRE OPS SA** its instructors, servants, representatives or agents may suffer through any of my acts or omissions howsoever caused, and I hereby unconditionally waive any right that I may have against **FIRE OPS SA**, its principals, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

I accept that I will be undertaking any instruction, tasks or exercises at my own sole risk and peril.

This indemnity extending further to cover the re-imbursement for all legal and other expenses that may be incurred by **FIRE OPS SA** in examining litigation or settling any such claim.

I understand that the course I will be participating in will involve physical strenuous activities. I hereby declare that to the best of my knowledge I do not suffer from any medical conditions with the exceptions of: (Mark with an X is applicable)

1. Asthma — YES / NO / DON'T KNOW
2. Epilepsy — YES / NO / DON'T KNOW
3. Hypertension (Chronic High Blood Pressure) — YES / NO / DON'T KNOW
4. Cardiac Conditions — YES / NO / DON'T KNOW
5. Diabetes — YES / NO / DON'T KNOW
6. Any Other Medical Condition — YES / NO / DON'T KNOW

Specify Medical Condition _____

Furthermore, I understand that not declaring knowledge of the above medical conditions to the course facilitator may affect my participation in the course and / or place me at high degree of risk.

I understand that payment of the course fee and participate in the course does not automatically guarantee a course certificate at the culmination of the course.

I hereby acknowledge that I received the Training Policy to read, I realised that should I make myself guilty to any of the misconduct of the training policy, disciplinary actions will be taken against me. This document was explained to me and I understand the contents thereof completely.

This done and signed at_____ on this the _____ day of _____ 20_____

In the presence of the undersigned witnesses

AS WITNESSES

1. _____
2. _____

_____
Signature of Applicant

Additional Contact number in Case of any Emergency: Name _____ Tel no: _____

FIRE OPS SA