



teamevents.co.za

Address: 61 Selbourne Road, Johannesburg North, Randburg, Johannesburg, 2188
Reg Nr: 022/767395/07

Indemnity Form for Team Building Event

Event Details:

Event Name:

Event Date:

Location:

Indemnity, Acknowledgement & Agreement

I, the undersigned participant, hereby acknowledge and agree to the following terms and conditions relating to my participation in the team building event:

1. Assumption of Risk

- I understand that team building activities may include physical movement, group interaction, and mental challenges that involve certain risks.
- I voluntarily choose to participate and accept full responsibility for any risks, injuries, or incidents that may occur as a result of my participation.

2. Release and Indemnity

- I release, waive, and hold harmless the event organisers, facilitators, venue, and any associated parties from liability for any injury, loss, or damage arising out of my participation.
- I further indemnify and agree to defend the organisers against any claims, actions, or expenses that may result from my involvement in the event.

3. Medical Fitness and Consent

- I confirm that I am in suitable physical and mental condition to take part in the activities.
- I understand that it is my responsibility to disclose any medical conditions that may affect my participation.
- I consent to receive emergency medical treatment if required and accept responsibility for any related costs.

4. Behaviour and Conduct

- I agree to participate in a respectful, cooperative, and safe manner at all times.
- I will follow the instructions of the facilitators and will refrain from any behaviour that is disruptive, harmful, or unsafe.

5. Photography and Media

- I grant permission for the organisers to capture photos and videos during the event.
- I consent to the use of such material for promotional, training, or marketing purposes without compensation.

6. Minors (if applicable)

- If the participant is under 18 years of age, this form must be signed by a parent or legal guardian, who accepts responsibility on behalf of the minor.



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By Signing below, I acknowledge that i have read and understood this indemnity form and agree to its terms.

Participant Name	Contact Number	Date	Signature
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