



World Masters Hockey

# SOUTH AFRICAN GRAND MASTERS HOCKEY ASSOCIATION (SAGMHA)



## SG GMHA IPT - INDEMINTY FORM (2021)

I confirm that in my personal capacity, upon signing, I certify that I accept all terms as described below. I am physically fit and able to participate in the SAGMHA Inter Provincial Tournament (IPT) of 15 - 17 October in Johannesburg 2021. This will include any team practices prior to and past this tournament. I confirm that I have not been informed to the contrary by a doctor/ medical professional. I agree to complete the "Basic Medical Questionnaire (2021)" and to submit the form prior to commencement of participation in the any of the participating events.

I acknowledge, upon signature, that I am aware of all the risks inherent in Grand Masters Hockey (over 55 years of age - training and competition) including potential Covid infection (even post vaccination), injury, disability or death. I will waiver any claims against the World Grand Masters Association (WGMA), the Southern Gauteng organising committee (SG GMHA) and the South African Grand Masters Hockey Association (SAGMHA) and their offices (WMH, SAHA, SAGMHA and SGGMHA), members, coaches, managers, players, servants and agents and indemnify the same in respect of all claims arising from or connected with venues and the Southern Gauteng GM IPT of 15 - 17 October 2021.

MEMBERS PERSONAL DETAILS	
FULL NAME	
I.D. NUMBER	DATE OF BIRTH
ADDRESS	
CITY AND PROVINCE	
FAMILY DOCTOR (G.P.)	NUMBER
EMERGENCY CONTACT PERSON	
RELATIONSHIP	NUMBER
MEDICAL AID	M.A. NUMBER
COVID 19 - EVDS VACCINATION NUMBER	

.....  
**SIGNATURE**

.....  
**DATE**

.....  
**WITNESS**

.....  
**DATE**

**PLEASE RETURN SIGNED, COMPLETED INDEMNITY FORMS (2021) TO: [secretary@sagmha.co.za](mailto:secretary@sagmha.co.za) AND YOUR PROVINCIAL TEAM MANAGER**

Affiliated to WMH recognised by FIH