

IDENTITY NUMBER	EI	MAIL			
MEDICAL AID	PO	PLICY NUMBER			
CELL	EMERGENCY C	ONTACT PERSON			
EMERGENCY CONTACT NO		RELATION TO YOU	J		
 course of instruction, programm I further acknowledge that I ar accept that it is my responsibil event offered/organised by SUF I hereby waive and abandon employees in respect of any in participating in any activity or organized by, run by, or held ur can directly be ascribed to the general section of the consumer of the cons	ne, class, activity and/or end/my minor child is** me ity to seek medical advice sistas, if I have any contemprise my right to institute a jury, loss, damage, near event, whether formal or order the auspices of SUP gross negligence of SUP gross n	vent offered/organised by edically fit to proceed with the before participating in a cerns over my/my minor chany claim or action again-drowning or death which informal and whether as sistas, unless such injury, listas, its owners or employ st any damage/loss which are out of or in connection or event or in a social capact of any damage/loss which are control of event or in a social capact of connection or event or in a social capact of loaned/hired from SUPsistas. The provisions and/or assigns, as the cast loaned/hired from SUPsistay repair(s) and/or replacer element as a result of any are capact of direct marketing are ent, I shall have the right to, ment was concluded.** ission to use photographs, s.	th the normal routine of exercise and any programme, class, activity and/or control of substance of the programme, class, activity and/or control of the programme, class, activity and/or control of the programme of the programm		
SIGNED AT		day of	20 .		
		AS WITNESSES:			
APPLICANT		1			
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Thanking you, *THE SUPsistas*

NB: Kindly sub	mit a separate application form for each applicant/	famil _.	y member.			
	Please tell us How did you hear about SUPsistas?			ng List Perr u like to joi \[\] NO	nission n our mailing list?	