



DEPT OF COMMUNITY SAFETY

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT DISCLAIMER

I, _____, agree that the **Doornrandje and Laezonia Community Safety Sector Sub-Forum (DLSSF)**, their agents, officers, directors, employees, volunteers and representatives (hereafter referred to as “**DLSSF**”), are not responsible for any death, illness, injury, loss or damage of any kind sustained by any person whilst participating in my role as a DLSSF Patroller and all related activities, caused in any manner whatsoever.

I, the undersigned _____ with ID number _____ hereby agree that participation in any CPF and community activities, are done **voluntarily** and on my own risk. I indemnify all individuals, organizations and parties involved and assign from any claim, action, liability, loss, damage or suit arising from my involvement and participation in CPF and community activities.

I acknowledge that I am aware of the possible risks, dangers and hazards associated with participating in the duties of a DLSSF Patroller and all related activities of the function, including the possible risk of severe or fatal injury to others or myself. These risks include, but are not limited to:

1. **TRAVEL:** the risks associated with travel and all related activities including transport by public or private motor vehicle, buses, aircraft, etc.
2. **WEATHER:** any injury, illness, death, loss or damage resulting from exposure to weather elements; and/or
3. **PHYSICAL:** physical injuries such as muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones and head, facial or dental injuries which might result from an

accidental injury and the possibilities of physical confrontations whether caused by myself or some other person or persons resulting in injuries and/or death.

I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof.

In consideration of **DLSSF** allowing me to participate in the role of **DLSSF Patroller** and all related activities, I agree as follows;

1. To waive any and all claims that I have or may have against **DLSSF**, and their members, officers, employees, agents and independent contractors as a result of my participation as a **DLSSF Patroller** and all related activities;
2. To release **DLSSF** from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation as a **DLSSF Patroller** and all related activities due to any cause whatsoever;
3. To indemnify and hold harmless **DLSSF** from any and all liability for any damage including consequential damages to the property of DLSSF, or personal injury to, any third party, resulting from my participation as **DLSSF Patroller** and all related activities;
4. In entering into this agreement, I am not relying upon any oral or written representations or statements made by DLSSF other than what is set forth in this agreement.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily and that this agreement is to be binding upon my heirs, executors, administrators, representatives and myself.

Signed this _____ day of _____ 20____ at _____

FULL NAME & SURNAME : _____

ID NUMBER : _____

EMERGENCY CONTACT : _____

SIGNATURE : _____