



**Soccer Gags**  
**.com**

**Trading as Sports Gags**  
**Registration number:**  
**K2013058161**

YEAR END FUNCTION ATTENDANCE AND TRANSPORT IDEMUNITY FORM

IDEMUNITY FORM	
FULL NAME OF ATTENDANT	
IDENTITY/PASSPORT NUMBER	
ADDRESS	
TEL/MOBILE NUMBER	
CONTACT PERSON IN CASE OF AN EMERGENCY	
CONTACT PERSON TEL/MOBILE NUMBERS	

I fully understand that the transport, accommodation and recreational facility provided by Soccer Gags is used and undertaken by me at my own risk.

The representatives of Soccer Gags shall not be negligent in transporting attendants who have requested for the transport service. Further, the Bus Services hired by Soccer Gags shall ensure that its vehicles comply at all times with all the official regulatory requirements of a transport service for persons.

I acknowledge I will be under the control of a Soccer Gags representative, or its agents while using the transport, accommodation and recreational facility.

I further acknowledge that-neither Soccer Gags, nor its employees, nor agents accept any responsibility for any loss, injury or damage and loss of life or whatsoever that may be sustained by my me while using the transport, accommodation and recreational facility provided by Soccer Gags or its agents or service providers.

I waive any right that I may not have to claim compensation against Soccer Gags, their employees, agents or service providers in respect of any loss, injury or damage and loss of life or whatsoever that may be sustained in the course of me using the services provided, by Soccer Gags whether as a result of negligence or any incident that may or occur and I do not indemnify Soccer Gags, their employees and agents against all claims.

**SIGNED AT:** \_\_\_\_\_ **ON** \_\_\_\_\_ **20** \_\_\_\_\_

Email the signed form to [admin@soccergags.com](mailto:admin@soccergags.com)