

Signature of Witness



## UNIVERSITEIT STELLENBOSCH UNIVERSITY

## Berg-en-ToerKlub Rotsklim lede Vrywaring / Indemnity

l,	, ID No/ Student No
hereb	y declare as follows:
1.	I am aware of the risk involved in using the Climbing/Bouldering wall of the University of Stellenbosch, located at the CJ Langenhoven Student centre and managed by the Bergen Toerklub(hereafter reffered to as the BTK) and/or partaking in any activity presented by the BTK and fully accept such risks and that it is my responsibility to ensure that I am informed of said risks by a member of the BTK management.
2.	I undertake to only use the bouldering wall in a responsible manner and that I do so at my own risk.
3.	I undertake to comply with any rules and/or regulations imposed by the BTK and understand that it is my responsibility to know all rules and/or regulations.
4.	I will not use the climbing wall or participate in any BTK activities while under the influence of alcohol or any other mind altering substance.
5.	I undertake to ensure that my actions do not lead to the unnescesary endangerment of any other persons while participating in a BTK activity or using the climbing wall.
6.	I agree that I understand the content, and context of all content, in this Indemnity form and that I undersign this form of my own free will.
Unive Steller damag my us	er hold harmless and indemnify the University of Stellenbosch and any employees of the resity of Stellenbosch and all the sport clubs and student unions of the University of abosch including the BTK with respect to any and all claims, suits, actions, costs, expenses ges, liabilities, including reimbursement of attorneys fees, which arise from or relate to e of the Climbing Wall or partaking in any activity presented by the BTK, which may e amongst others rock climbing, hiking and other adventure activities.
Signa	ature of member Date

Date