



Qualified and Registered  
Swimming South Africa Instructors

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## INDEMNITY FORM

I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the SA Government, the Centre for Disease Control and Prevention and Swimming South Africa (SSA) guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from me or my child/children being on the premises and participating in swimming activities.
3. I understand the risks associated with COVID-19 and understand the manner in which the virus spreads.
4. I am aware of, and understand, the policies that Swim SA has implemented in order to minimise the risk of transmission of COVID-19.
5. Given the nature of the COVID-19 virus, I know and understand the risks associated with participating in swimming. I accept these risks and agree that I cannot hold SwimQuest Swimming School / the instructor / coach / venue / owner of the venue/property/Swimming School or its staff liable for the transmission of, or any outbreak of, the virus at the venue. I indemnify, waive any right I might have to institute any claim of any kind against the venue or its staff and in relation to COVID-19.
6. I am aware that I must obtain a permit/s from Swimming South Africa in order for my child and anyone accompanying my child to enter the SwimQuest facility and that a copy of this Permit must be emailed to [admin@swimquest.co.za](mailto:admin@swimquest.co.za) at least 3 (THREE) days before the first lesson.
7. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
8. I agree and undertake that:
  - a. I, and my child/children, will adhere to all policies that Swim SA and National Government have put in place with regard to COVID 19.
  - b. If I or my child/children or any members of my family show any symptoms of COVID 19 or are sick at all, we will stay at home. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
  - c. I will inform the coach and/or the venue/club compliance officer immediately if I or my child/children or if anyone else in the household has been infected with COVID-19. In this event, our family will undertake to quarantine the entire family for 14 days.
9. In order to ensure the safety of all swimmers, athletes, parents and staff, I will wear a mask and will provide my child/children or any other family members with masks and explain to them that the masks must be worn at all times when on or at the entrance to the premises. I will provide my child with a zip lock bag, clearly marked with his or her name, where his/her mask will be stored during swimming classes.
10. I confirm that before I, my child/children or any other member of the family returns to swimming I will teach them how to put the masks on and take them off and how to wear them properly. I acknowledge that:
  - a. I will ensure that my children and I are proficient in the use of their masks before coming to swimming.
  - b. I will ensure that my own and my child/children's clothing and masks will be washed daily.
  - c. I will educate my child/children and any other family members about social distancing and its importance.
  - d. My current contact details have been provided to the coach/venue/club and are correct and valid.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM/WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY/OUR OWN FREE WILL.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN  
(Name and Surname)

\_\_\_\_\_  
PARENT/GUARDIAN  
(Signature)

\_\_\_\_\_  
PARENT/GUARDIAN  
(Name and Surname)

\_\_\_\_\_  
PARENT/GUARDIAN  
(Signature)