



INDEMNIFICATION 2021

I, the undersigned (Full names),

- Grant to the Management, Chess SA, the LOC and 4 Knights International Events Company its representatives and anybody acting on behalf of any of the above associations or institutions the right to:
 - to Publish my full names, Birth date and Rating on the CHESS SA website for rating purposes.
 - take photographs of me in connection with the above-identified subject. I authorise, 4 Knights International Events Company, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
 - use such photographs of myself with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
- Understand that any of the above associations or institutions cannot control unauthorized use of the images by persons not associated with any of the above associations or institutions once it has been published;
- Authorize the Management to, in their best judgment, provide, supply and/or apply medical care at the expense of the undersigned, including the services of a medical practitioner and/or hospitalisation as the circumstances may require;
- Indemnify the Management, Chess SA, the LOC and 4 Knights International Events Company and anybody acting on behalf of any of the above associations or institutions, against all actions, claims, injury, loss or damage whatsoever myself may sustain or be involved in directly or indirectly, arising out of the said participation, activities and/or events, whether on the premises or elsewhere, whether it is/was due to the negligence, default or omission of any such association, institution or individual;
- Undertake not to institute any action or other proceeding against any of the associations, institutions or individuals referred to in paragraph 3 above, in respect of any of the activities, events and /or circumstances referred to above;
- Declare that I am healthy, fit and capable to participate in the above championship and activities, subject to the following:

(Give particulars of any illness/ weakness of any kind. Indicate any medicine requirements.)

Medical aid fund: _____ Medical aid number: _____
Main member of fund: _____ Emergency contact number: _____
Region: _____ Team: _____

Thus done and signed at _____ this _____ day of _____ 2021.

Signature

Full Names and Surname