

ROXSURE CLASSICS VINTAGES AND COLLECTABLES
OPEN TRACK, SHOW AND SHINE MOTOR AND CLUB DISPLAY

18TH SEP 2022 / 6:30AM - 3PM

ROXSURE
Insurance Brokers
(Pty) Ltd.

EVENT REGISTRAION

18 Sept 2022

Open track, show and shine motor and club display

Please note vehicle entry approval turn around time is 48hours.

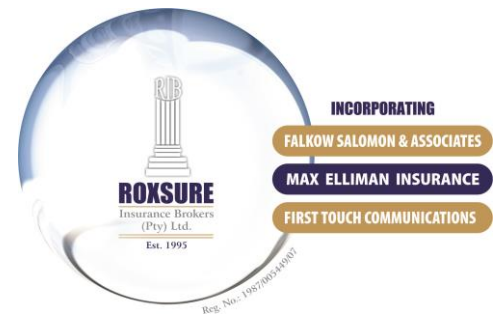
Once entry has been approved, we will email you the link to book and pay for your ticket.

| | | |
|-------------------------------|-------------|--|
| Vehicle year | | |
| Vehicle Make | | |
| Vehicle model | | |
| Registration number | | |
| Category (select accordingly) | Classic | |
| | Vintage | |
| | Collectable | |
| | Sports | |
| First name | | |
| Surname | | |
| Cell phone number | | |
| Email address | | |
| Club membership | | |

| POPIA DISCLAIMER | |
|--|-----|
| I hereby consent to Roxsure Insurance Brokers to contacting me to obtain the required information to provide me with a no obligation, non-life insurance quotation | YES |
| | NO |

| LIABILITY DISCLAIMER | |
|---|-----|
| I hereby confirm I have read the disclaimer attach to this entry form | YES |

For more information you can contact us by 011 885 6613 / admin@roxsure.co.za



PARENT/GUARDIAN LIABILITY WAIVER AND RELEASE OF CLAIMS

BY SIGNING THIS AGREEMENT, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS AND YOU ACKNOWLEDGE THAT YOU ARE GIVING UP LEGAL RIGHTS.

ASSUMPTION OF RISK: I hereby agree that I, my family members and/or my child/ward are voluntarily participating in the activities and events offered by Roxsure Insurance Brokers (Pty) LTD ("RIB") including, but not limited to, the use of the equipment, facilities, and the premises where the event is hosted. I am assuming on behalf of myself, family members and/or child/ward, all risk of personal injury, death, or disability to myself, family member and/or child/ward that may result from participation, and any damage, loss or theft of any personal property which may incur to me, my family member and/or my child/ward. I understand that the facilities on offer, have inherent risks, which include the risk for serious physical injury and death. In spite of the risks mentioned above, I freely want to participate and as such, I assume all of the risk and responsibility for the injury, death or disability that may result.

WAIVER: I understand that I and/or my family member, and/or my child/ward will be engaging in recreational and sporting activities while using the facilities and it is my voluntary and informed decision to waive any liability, legal action or claim that we may have against RIB. Therefore, I agree on behalf of myself, my family member and my child/ward and our personal representative, successor, heirs, and assigns to hold RIB and its shareholders, Group of companies, affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and owners, manufacturers and installers of the equipment comprising the facility harmless from any and all claims or causes of action arising out of my, my family member, and/or my child/ward's participation at the facilities, including any such claims for negligence.

I expressly indemnify and hold harmless RIB from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, or death to me, my family member, or my child/ward, while participating in any of the activities offered. This release and indemnity is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of RIB or the premises or from any other cause. This Waiver includes, but is not limited to, death, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facilities in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facilities, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping and falling while in the facilities or on the surrounding premises.

Any claims arising from the use of the facilities shall be governed by the Laws of South Africa. If any part of this agreement is found to be of no force and effect, then such parts shall be removed and shall not render the remaining parts of the agreement to be void.

I, my family, and/or my child/ward am in good physical condition for the activity in which I and/or my child/ward will be participating and certify that I, my family member, and/or my child/ward do not have any medical condition that may preclude me, my family member, and/or my child/ward from safely participating.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND TERMS AND CONDITIONS CONTAINED OVERLEAF AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND/OR MY FAMILY MEMBER, AND/OR MY CHILD/WARD TO BRING LEGAL ACTION OR ASSERT A CLAIM FOR DEATH, INJURY OR LOSS OF ANY KIND AGAINST RIB. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND COSTS INCURRED BY RIB IN CONNECTION WITH OR IN DEFENSE OF THAT CLAIM ON THE ATTORNEY AND CLIENT SCALE.

I have read the above, considered its effects, understand its content, and agree, on behalf of myself, my family member, and or child/ward, to the terms stated above. This agreement specifically contains an indemnity agreement whereby I agree to reimburse RIB against any damages (including attorney's fees and costs) incurred as a result of any claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of the facilities.

I further understand that no person has permission to use the facilities without an effective and validly signed Parental/Guardian Indemnity and Waiver.

I understand that I am voluntarily giving up my, my family member, and or child's/ward's right to bring a claim against RIB. I further understand and accept the above risks related to these activities. If signing on behalf of a minor, I warrant that I am the parent or legal guardian or authorised by the legal guardian or parent of the minor(s) listed on this Agreement, and acknowledge that I assume all obligations under this Agreement.