



INDEMNITY FORM

INDEMNITY TO:

I/We _____ (Full Name/Company Name)

ID No/Reg No _____

Residing at/Company Address _____

in consideration for having agreed to grant me the right to use the _____ system.

I hereby agree and undertake:

1.

INDEMNITY:

To keep you indemnified and to hold you harmless against all loss or damage, from any cause arising, which I may sustain as a result of utilizing wearing and/or using the _____ system.

2.

PERIOD OF INDEMNITY:

That my liability under this indemnity shall commence on the day I receive the _____ system and shall be in place indefinitely.

Initial _____



SIGNED AT _____ ON

THE _____ DAY OF _____ 2019

FULL NAME _____ SIGNATURE _____

1. WITNESS

(Name) _____ (Signature) _____

2. WITNESS

(Name) _____ (Signature) _____