



## MEDICAL DISCLAIMER FORM

I, the undersigned driver / co-driver understands that medical insurance/ racing insurance is a requirement from SAIBA for the issuing of his/her licence.

I, the undersigned driver / co-driver hereby agree that in the event of not having medical insurance or racing insurance he / she will in the event of any injury whatsoever be transported or evacuated to the Provincial / Government hospital and be treated by their medical doctors and staff.

I also do hereby agree for myself, my dependants and my estate, that neither I, my dependants nor my estate shall have any claim whatsoever against SAIBA and the organizing club, or any other body associated with the race and their respective officials, agents or employees, and I do hereby indemnify the persons aforesaid against all actions, costs expenses and demands in respect of death, injury or damages to the person or property of myself, drivers or mechanics; or any other person whatsoever and howsoever caused, arising out of or in connection with the entry, or my taking part in a race and notwithstanding that the same day may have contributed to or occasioned by the negligence of said bodies their officials, servants, representatives or agents.

Driver / Co-Driver signature ..... ID number:.....

Witness:..... Licence number:.....

Date:.....