Toughest Firefighter Alive Namibia

ENQUIRIES:

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INDEMNITY & LIABILITY WAIVER FORM

Participant Information

Surname	
Name	
ID number	
Region	
Town	
Cell number	
Email address	
Next of Kin (Name & Surname)	
Next of Kin (Telephone number)	

Acknowledgement of Risk

I, the undersigned, fully understand and acknowledge that participation in the **Toughest Firefighter Alive Namibia Competition** (hereinafter referred to as **"the Event"**) involves strenuous physical activity and may expose me to potential risks, including but not limited to injury, illness, property damage, or, in extreme cases, disability or death.

Indemnity Waiver

By signing this form:

- I confirm that I am participating voluntarily and entirely at my own risk.
- I confirm that I am physically fit, medically able, and sufficiently trained to take part in the Event.
- I undertake to follow all rules, instructions, and safety guidelines provided by the organizers.
- I hereby irrevocably waive, release, discharge, and indemnify the City of Windhoek, its officials, staff, agents, volunteers, sponsors, and affiliates from any and all claims, damages, liabilities, costs, or expenses (including legal fees) which may arise directly or indirectly from my participation in the Event, regardless of cause, including negligence.
- I accept full responsibility for any personal injury or loss of, or damage to, my property incurred while participating in the Event.

Medical Consent

- I authorize the event organizers and designated medical personnel to administer first aid and, if necessary, arrange additional medical treatment in case of injury or emergency.
- I confirm that any medical costs incurred beyond on-site first aid shall be my own responsibility.

Declaration

I have read and fully understood this indemnity and waiver.
I understand that by signing below, I give up substantial legal rights.
I sign this voluntarily and without any undue pressure.

Signed on this _____ day of _____ in _____.

_____ _____

Signature of participant **Witness**