PURTASSI PILGRIMAGE TRIP DISCLAIMER AND INDEMNITY AGREEMENT

1.

The Tamil Chamber of Commerce SA (NPC) has organized a religious Purtassi Pilgrimage from the 11 to 14 October 2019, to the Balaji Temple in Gaborone, Botswana (hereafter referred to as the pilgrimage). Main prayer date being Saturday, 12th October 2019.

2.

I acknowledge and agree that my participation and attendance in the pilgrimage is entirely voluntary and is completely at my own risk. This applies also to any minor child or dependent accompanying me.

3.

I further acknowledge that the onus is upon me to ensure that I have in my possession the necessary travel documents and visa entry requirements (if applicable) to travel to Botswana.

4.

I agree that the Tamil Chamber of Commerce SA (NPC), its directors, executive members, trustees, staff, officers, employees, sub-contractors or agents or affiliates shall not be liable for any loss, damage (including but not limited to consequential or special damages or loss of profits), injury or illness of whatsoever nature and howsoever caused, suffered by me or a minor child accompanying me, as a direct or indirect result of participating in the pilgrimage.

5.

I the undersigned do hereby indemnify and hold harmless the Tamil Chamber of Commerce SA (NPC), its directors, executive members, trustees, officers, staff, employees, sub-contractors or agents or affiliates in whole or in part from any loss, damage (including but not limited to consequential or special damages or loss of profits) or injury that might incur arising from any loss or injury suffered by me and/or the aforementioned child arising from or incidental to participating in the pilgrimage.

6.

I understand that accommodation and meals costs are not included in the bus fee. I will pay for my meals directly to the caterers. In line with immigration conditions, I will carry sufficient money to sustain myself and my dependents for the duration of my pilgrimage.

FULL PASSPORT NAME

_____

PASSPORT NUMBER_____EXPIRY DATE _____

_____   _____   _____

SIGNATURE OF PARTICIPANT   DATE: CELL NUMBER