



**TOYOTA**

## Vrystaatse Rugby-Unie • Free State Rugby Union

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Free State Stadium | Vrystaat Stadion  
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### **MEDICAL INDEMNITY FORM**

I, the undersigned, \_\_\_\_\_  
(full name)

IDENTITY NUMBER: \_\_\_\_\_

acknowledge that I am aware, that if I would get injured in any RUGBY MATCH, I will be responsible for my own medical expenses by using my own OR my parents Medical Aid Fund.

I am further aware, that if I or my parents do not have a Medical Aid Fund, I will have to report to an Academic or State Hospital for treatment.

The Free State Rugby Union does not accept any responsibility for the medical expenses of any player.

Signed at BLOEMFONTEIN on the \_\_\_\_\_ day of \_\_\_\_\_ . .

\_\_\_\_\_  
SIGNATURE OF PLAYER



Uitvoerende Bestuur | Executive Committee:

H. Verster • B. Sorour • C. Carson • L. Mould • L. Niewoudt  
R. October • J.L. Steenkamp • M. Van Rensburg • G. Von Solms