

INDEMNITY AND LIABILITY WAIVER

THIS AGREEMENT IS BETWEEN

Blue Route Mall	Registration number: 1999/018591/06
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(“Blue Route Mall”)

Zone Fitness Clubs	Registration no 2006/007885/07
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Trading as “Zone Fitness Club “

AND

Name and Surname:	
Identity Number:	
Cell number:	
Suburb:	

(“Participant”)

Herein referred to as the **“Parties”**

I, the undersigned, hereby acknowledge that my participation in the *Fit Me* class (**the “Event”**), taking place at Blue Route Mall, Tokai, Cape Town on **11 April 2026** , is entirely voluntary and that I have granted consent to take part in the Event (**“Event Date”**).

1. INTRODUCTION

1.1. In celebration of World Health Day, in support of Woodside Clinic and with the purpose of promoting wellness, enhance tenant support, Blue Route Mall (**“the Mall”**) , in collaboration with Zone Fitness Clubs ,will host the *Fit Me* classes. The Event is scheduled to take place on 11 April 2026, with two sessions being between 09:30 AM till 10:30 AM and 11:00 AM till 12:00 AM (**“Event Times”**).

1.2. The Event will be open to the public, and attendees will be required to reserve a slot via Quicket for one of the two available sessions. Each session will be facilitated by Zone Fitness Clubs .

2. ASSUMPTION OF RISK

I understand and accept that although safety measures will be taken, participation will include physical activities and may expose participants to minor risks, including but not limited to personal injury, illness, fatigue, medical emergencies, loss, theft, falls, or accidental injury. I voluntarily assume full responsibility for any such risks, whether foreseen or unforeseen, and agree that I am voluntarily participating with full knowledge of these risks.

3. INDEMNITY AND RELEASE FROM LIABILITY

I hereby release, discharge, and hold harmless Zone Fitness Clubs, Blue Route Mall and their holding organisation, its directors, officers, employees, sponsors, volunteers, affiliates, and any other associated entities from any and all claims, liabilities, demands, damages, costs, and expenses (including legal fees) that may arise from or be related to my participation in the Event. This waiver extends to all acts of negligence, omission, or fault by the aforementioned parties.

4. MEDICAL TREATMENT AUTHORIZATION

4.1. In the event of a medical emergency, I authorise the Event organisers to secure any necessary medical treatment. I understand that I will be responsible for any costs and release the Released Parties from liability in respect thereof.

4.2. I acknowledge that during the course of the Event, I will be responsible for my own health and safety and will adhere to any health protocols in place.

5. CODE OF CONDUCT AND SUPERVISION

I agree that I will follow all instructions and guidelines provided by the event organizers, will conduct themselves responsibly and respectfully throughout the Event.

6. PHOTOGRAPHY AND MEDIA CONSENT

6.1. I grant permission to the event organizers for photographs and video footage of myself taken during the event to be used by the organizers, Blue Route Mall and affiliated partners for promotional and marketing purposes, without compensation.

6.2. Blue Route Mall warrants that the personal information will be treated in a confidential manner and will not be shared with any unauthorised third parties. Blue Route Mall will disclose the personal information only if required to do so by law.

7. ACKNOWLEDGMENT AND AGREEMENT

By signing below, I confirm that I have read and understood this indemnity form, and I voluntarily waive any claims against the organizers, Blue Route Mall, and all affiliated partners arising from my participation in the *Fit Me* classes.

PARTICIPANTS DETAILS

Full Name: _____

ID Number: _____

Contact Number: _____

Signature: _____

Date: _____

EMERGENCY CONTACT / NEXT OF KIN

Full Name: _____

Relationship: _____

Contact Number: _____