



**INDEMNITY AGREEMENT
POLOKWANE CPF**

SECTOR _____ BLOCK _____ of POLOKWANE SAPS or WESTENBURG SAPS

I, the undersigned _____ with ID number _____

hereby agree that participation in any CPF and community activities, are done voluntarily and on my own risk. I indemnify all individuals, organizations and parties involved and assign from any claim, action, liability, loss, damage or suit arising from my involvement and participation in CPF and community activities.

Where any claim is asserted, I _____ (Undersigned) shall provide the Indemnitees with reasonably timely notice of same in writing.

Thereafter, the Indemnitees shall have full rights to defend, pay or settle said claim on their own behalf without notice to _____ (Undersigned) for all fees, costs, and payments made or agreed to be paid to discharge said claim.

Signed at _____ (place) on _____ (date)

SIGNED BY:

WITNESS: