



## C. Sapuwa Memorial Summit Academy

### U23 Trials Tournament — Indemnity Form

**Event Dates:** 10 & 11 January 2026

**Venue:** Academy of Cricket Excellence, Bulawayo

This Indemnity Form must be completed and signed by all participants. For players under 18, a parent or legal guardian must sign.

#### Participant Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Emergency Contact Details

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Declaration & Indemnity

I, the undersigned, acknowledge that participation in cricket activities involves inherent risks, including physical injury, illness, or loss of property. I voluntarily assume all risks associated with participating in the C. Sapuwa Memorial Summit Academy U23 Trials Tournament held on 10–11 January 2026.

I hereby release and discharge Summit Cricket Academy, its directors, coaches, officials, volunteers, and affiliated organizations from any liability, claims, or causes of action arising out of participation, whether caused by negligence or otherwise.

I confirm that I am physically fit to participate and have disclosed any pre-existing medical conditions. I will follow safety protocols and coaching instructions at all times.

For participants under 18 years, a parent/guardian must sign, acknowledging all terms.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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