

# FREE SESSION VOUCHER



**This voucher entitles you to 1 FREE training session per child at SuperSport United Soccer Schools**

**PARENT'S DETAILS:**

Name: ..... Mobile Nr: ..... Email: .....

Child's Name: ..... Child's Age: ..... Signature: .....

**TERMS AND CONDITIONS:** 1. This voucher entitles the bearer to one free football coaching session at SuperSport United Soccer Schools. 2. This offer is subject to availability and SuperSport United Soccer Schools have the right to refuse to honour the offer in extreme circumstances. 3. The voucher holder must hand in the voucher upon arrival at the venue in order to ensure that free lessons are honoured. Please call beforehand to book a lesson. 4. A certain level of fitness or ability is required in the activities. 5. Participation in the promotion implies acceptance to the Terms and Conditions as set out here. 6. Vouchers may not be used in conjunction with any other offer or promotion. Vouchers are not transferable, nor can they be exchanged for cash. 7. Only one voucher is redeemable per child. 8. This offer is only open to children not regularly attending SuperSport United Soccer Schools sessions. 9. The promoter, their agents and/or the SuperSport United Soccer Schools accept no responsibility for lost or stolen vouchers, loss of any other items, injuries or other incidents that may occur in relation to the use of this offer. Nor will SuperSport United Soccer Schools be held liable for Acts of God, fire, casualties, strikes or events beyond their control. 10. Defaced, photocopied, faxed or fraudulently obtained vouchers will not be accepted. 11. The promoter, the promoter's agents and distributors are not responsible for the management of the facilities and will accept neither liability nor claims for disappointment or dispute in relation to management of the facilities and their activities.

**FOR MORE INFORMATION OR TO ARRANGE YOUR FREE SESSION CONTACT:**  
Bryan Cassel 082 416 1769 | Marihanda 074 338 9832  
Balfour : Roof Top Balfour Mall | balfour@ssuss.co.za

# AUTHORISATION FOR MEDICAL TREATMENT OF MINORS

Please use block capitals, ball point pen and print clearly. All blocks must be completed.

This form grants authority to a designated adult to provide and arrange for medical care for minor in the event of an emergency, where the minor is not accompanied by either parents or Legal Guardians, and it may not be feasible or practical to contact them. This document shall be present to a Physician, Dentist, Nurse, Surgeon or appropriate hospital representative at such time as unexpected Medical, Dental, Surgical Care or Hospitalization may be required.

Name of Minor:..... Date of Birth: .....Gender: .....

Allergies to medication: .....

Allergies (Other):.....

Please write all conditions for which the child is currently receiving treatment: .....

Note any other significant medical information: .....

Medical Aid Scheme:..... Medical Aid Membership Nr: .....

## WAIVER AND INDEMNITY

I, \_\_\_\_\_ (“the Mother/Father/ guardian”), on my own behalf, and

on behalf of my minor child, as guardian, \_\_\_\_\_ (“the child”), as well as on behalf of our executors, hereby irrevocably indemnify, SuperSport , SuperSport United, SuperSport United Academy, SuperSport United Soccer Schools, their subsidiaries, their respective management boards, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising in connection with the participation of my child in the SuperSport United Soccer Schools. I acknowledge that this indemnity shall include any claim which arises out of the negligence, whether by omission or commission, of any of the above mentioned parties. I further acknowledge that the child participates entirely at my and his own risk and that no representations in this regard have been made by either the sponsors nor anyone on their behalf.

Notwithstanding the provision of this indemnity, it shall not be construed as a waiver of my rights or of the child’s rights to proceed against any other party against whom I or the child may have a right of action.

Dated at: \_\_\_\_\_ Day/Month/Year: \_\_\_\_\_

AS WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: Parent/Guardian

