



# INDEMNITY FORM

## VOLUNTEERS

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Indemnity in respect of volunteering

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

Address: \_\_\_\_\_

ID No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

I, the undersigned, \_\_\_\_\_

Hereby acknowledge that I agree to make use of the opportunity to assist the **PENNINGTON COMMUNITY WATCH**, to volunteer, from \_\_\_\_\_(date)

I understand that the volunteering will take place in an area under the jurisdiction of the **PENNINGTON COMMUNITY WATCH** and that participants could be subject to risks associated with the environment of a Neighbourhood watch.

I hereby indemnify **PENNINGTON COMMUNITY WATCH / COMMITTEE** and any other associated persons from any loss damage and/or injury (fatal or otherwise that may occur.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*