

Student ID Number

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FIJI NATIONAL UNIVERSITY

P.O Box 7222 Nasinu, Fiji. Telephone: (679) 3394000. Facsimile: (679) 3393230

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INDEMNITY FORM

A PERSONAL DETAILS

Surname: _____ First Name: _____
 Other Name(s): _____ Date of Birth: _____
 Postal Address: _____ Email Address: _____

B PROGRAMME OF STUDY

College: _____ Campus/ Centre: _____
 Programme enrolled in:

| | | |
|---------|---------|-------|
| Major 1 | Major 2 | Minor |
|---------|---------|-------|

C DECLARATION

I, _____, the undersigned, hereby undertake as follows:

1. I shall participate in _____
 ("the activity) at my own responsibility and will accept the risk in this voluntarily
2. I undertake not to institute a claim of any nature against Fiji National University or any employee of the University and not hold the University or any employee of the University responsible for any damage or loss of any nature whatsoever that I, personally, or any property belonging to me sustain and which directly or indirectly follows from any of the following: my participation in the above or any activity of any nature whatsoever that is related to my studies or training, or to sport or recreation of any nature or my utilization of any premises, building, equipment or facility of the University of any nature whatsoever, or residence or visiting will be undertaken on my own responsibility and that I freely accept the risks involved therein; and that I understand that the University takes out no insurance to this purpose on my behalf of my benefit.
3. I hereby indemnify the Fiji National University and all its employees and hold them jointly and severally harmless against all liability resulting or arising from the above-mentioned activities, whether against myself, my estate or any other person.

 Signature Date: DD/MM/YYYY

D WITNESSES

1. Name: _____ Signature: _____
2. Name: _____ Signature: _____