



INDEMNITY FORM

I, _____, hereby confirm that the information supplied by me and contained in this application form is correct and that I have read, understood and accept the terms and conditions of the walk which appear on the information package and explained to me by the representatives hereof.

I confirm that I am medically fit to undergo the normal course as prescribed by Y Care Charitable Trust.

I understand that under no circumstances whatsoever shall Y Care Charitable Trust or its representatives be responsible for any damage or loss suffered by me or my estate or anyone claiming by me or through me due to negligence, omission or otherwise due to my diets, medical conditions or treatments for all of which I indemnify Y Care Charitable Trust, its principal and representatives. I will return sponsorship forms to Y Care Charitable Trust even if it is not used, for auditing purposes.

At _____ this _____ day of _____ 2012

Signed: _____ (signature of applicant)

Full name: _____ (please print)

Phone (w): _____ Cell: _____

Email: _____

Witnessed: _____ (signature of witness)

Full name: _____ (please print)

You know it makes sense
FUNDRAISING EFFORTS
BENEFITING CHARITIES
IN BOTSWANA

P.O. Box 46486
GABORONE, BOTSWANA
AFRICA
TEL: (+267) 393 2253
FAX: (+267) 393 2242

EMAIL: YCARE@IT.BW
WWW.YCARE.ORG.BW

**BOARD OF
DIRECTORS:**

RALPH BOUSFIELD
ANGUS BOXSHALL-SMITH
OABONA KGENGWENYANE
BILKISS MOORAD
ULRIKA EGNER
BATSHO DAMBE-GROTH
ELLEN HOOD
MODISE KOOFHETHILE
LEONARD MAKWINJA
NOMSA MBERE