

INDEMNITY FORM

I hereby indemnify Marianne Baasch and her Management, Employees, Servants, Agents and Maintenance Personnel (parties of the first part) and render them harmless against any claim whatsoever which I, my next-of-kin, dependants or any persons through me or for whom I am or may be responsible (parties of the second part), may have against the said parties of the first part or any of them including:

Death, injury, illness, disability, loss of income, loss, theft of property or damage of any sort to person or property from my presence at 46 Brookdale Avenue, Pinelands, Cape Town, or on the property on which it is situated or from my receipt of any service or action including any treatment, therapy, training or advice received whilst consulting with Dr M Baasch or from the use of any facility, installation or equipment including the use of any equipment made available, diet or medication advised by Dr M Baasch either individually or /and any combination thereof.

And I agree and acknowledge that none of the parties of the second part shall have any claim against any or all of the parties of the first part whether directly or indirectly from any cause arising.

Dated at _____ this _____ day of _____ 20__

Signature

Witness