

060628 Jc disabled

41S1FMEDA TOILET FACILITIES UNAIDED

ANNEX A

MEDICAL INDEMNITY FORM

INDEMNITY FORM MEDICAL CATEGORY PASSENGERS: _____

I _____ THE UNDERSIGNED PASSENGER DO
HEREBY INDEMNIFY SA AIRLINK AND HOLD IT HARMLESS AGAINST:

- 1) ANY CLAIM WHICH MAY ARISE FROM TRAVELLING WITHOUT MEDICAL CLEARANCE AS REQUIRED BY SA AIRLINK CONTROL OFFICE.
- 2) ANY INJURIES OR PHYSICAL DAMAGE I MAY SUSTAIN DURING MY JOURNEY FROM _____ TO _____ ON FLIGHT _____ DATE _____
- 3) I ALSO DECLARE THAT I UNDERSTAND THAT ANY MEDICAL EQUIPMENT AND/OR ASSISTANCE I WOULD NORMALLY RECEIVE WHEN TRAVELLING WITH THE REQUIRED MEDICAL CLEARANCE WILL NOT BE GUARANTEED BY SA AIRLINK AND I UNDERTAKE TO MAKE ARRANGEMENTS FOR THESE SERVICES MYSELF IF REQUIRED.
- 4) I FURTHER DECLARE THAT I AM PRIVATELY INSURED OR IF I AM NOT INSURED AT PRESENT I UNDERTAKE TO TAKE OUT INSURANCE TO COMPENSATE FOR ANY CHARGES WHICH MAY ARISE FROM TRAVELLING ON MY INTENDED JOURNEY OR LIABILITY WHICH MAY BE INCURRED BY ME IN TERMS OF THE ABOVE INDEMNITY.

SIGNED BY OR ON BEHALF OF THE ABOVEMENTIONED PERSON

_____ NAME IN BLOCK LETTERS: _____

ON THE _____ DAY OF _____

- AS WITNESSES:
- 1) _____
 - 2) _____



**SOUTH AFRICAN
AIRLINE**

**PASSENGER
PROCEDURE MANUAL
VOLUME C**

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NOTE: IF THE PASSENGER IS BLIND OR UNABLE TO SIGN FOR HIM / HERSELF, HE / SHE MAY DELEGATE A PERSON TO SIGN ON HIS / HER BEHALF.

AMENDMENT: 001

EFFECTIVE: 17 JANUARY 2002