



BCX HACKATHON INDEMNITY FORM

I, _____ (full name & surname)
hereby confirm that I am voluntarily participating in the BCX Hackathon event (“the Hackathon”) on 16 September 2023 and/or 17 September 2023.

I acknowledge that the Hackathon will take place at the Business Connexion (BCX) 1021 Lenchen Avenue North, Centurion (“the venue”). I will remain in the areas demarcated for the hackathon and if found in another part of the building, I understand that I could be requested to vacate the premises. Furthermore, I will not during and after the Hackathon hack into the BCX Wifi, websites, databases, infrastructure and systems and/or any other associated systems and infrastructures.

I agree to all pictures, photographs and videos taken at the venue and during the Hackathon being used, uploaded and/or posted on BCX’s website, social media and any other related platforms.

I acknowledge that I am aware of the risks and dangers inherent to my attendance and/or participation in the Hackathon and the risk of potential damage to my property or person. Accordingly, I hereby waive any and all rights, claims, demands and causes of action which I may have against BCX and/or any of the companies or business entities forming part of the Telkom Limited group of companies their respective directors, officers, employees and independent suppliers (“the indemnified persons”) arising from or in connection with my attendance of the Hackathon.

I hereby indemnify the indemnified persons against any and all liability, loss, damages and legal costs which the indemnified persons may incur or sustain as a result of any claims which may be instituted by my dependants and/or creditors to the extent that the same have arisen from, have occurred during or are in any way related to my attendance of the Hackathon.

I, the undersigned, hereby acknowledge that I understand, agree to and accept the above terms and conditions.



Signed at _____ on this day _____ of
September 2023.

Full name & surname: _____

Identity Number: _____

Gender: _____

Race: _____

Disabled?: _____

Nationality: _____

Cell no: _____

Signature: _____