



SA Airlink (Pty) Limited
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MEDICAL INDEMNITY IN FAVOUR OF SA AIRLINK (PROPRIETARY) LIMITED

I, _____, the undersigned, confirm that:

- | | |
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| 1. | I have booked passage aboard a flight to be operated by SA Airlink (Proprietary) Limited (“SA Airlink”) which departs from _____ and arrives at _____ on (date) _____ and bears flight number _____. |
| 2. | I have disclosed to SA Airlink that I have a temporary or permanent medical or physical condition and that as a result I require additional assistance in relation to the SA Airlink flight that I am going to take. |
| 3. | I acknowledge that SA Airlink will use reasonable endeavours to accommodate my specific needs but also ensure the safety and comfort of other passengers on board the flight. |
| 4. | I unconditionally indemnify and hold harmless SA Airlink, its directors, officers, employees and agents involved in any aspect of the operation of the flight in question or any related service such as baggage and cargo handling for:

I. any loss, damage or injury of whatsoever nature that I may suffer in the course of being a passenger on the flight, embarking or disembarking from the aircraft in question or being conveyed at any time through either the airport of departure or arrival. I understand that this indemnity does not extend to any loss, damage or injury that I may sustain as a result of any conduct which is of a grossly negligent nature; and

II. any loss of a damage to any medication, therapeutic or medical equipment of any nature (including but not limited to assisted mobility devices such as crutches or wheelchairs) that I may bring with me on the flight whether it stowed in the cargo hold of the aircraft or kept in any portion of the main cabin during the course of the flight. Once again, I understand that this indemnity does not extend to any loss or damage to such equipment that may be caused by any grossly negligent conduct. |

Directors

RA Foster (Managing Director & CEO), BJ Webb, MD Moorosi, GR Tipper, ACG Molusi, WF van Heerden, D Engelbrecht



5.	I understand that as set out in this document, I am otherwise entitled to the same rights and benefits as all other SA Airlink passengers as described in the Conditions of Carriage.
6.	I confirm that I am aware that it is my duty to ensure that I am declared fit to travel on the flight by a competent and qualified medical and/or therapeutic practitioner and further that I have procured that I am insured against any loss or injury which I may sustain, whether to my person or property and in respect of which I indemnified SA Airlink, alternatively I have chosen not to avail myself of such insurance but in either event, this in no way impacts upon the extent of the indemnities that I have freely given, as described above.
7.	I confirm further that SA Airlink's requirement that I give this indemnity and make these declarations is reasonable in the circumstances and not unfairly discriminatory. I understand the nature of the indemnity that I have given and the content of the declarations made in this document and I confirm them to be correct.

Signed at _____, on _____

Signature _____

RSA ID number or Passport number _____