



OMSAC CYLINDER REGISTRATION AND FILLING INDEMNITY FORM

I (name):	
ID Number:	
Physical Address:	
Email Address:	
Contact number:	

Am a member of OMSAC and the owner of the cylinder below:

	Cylinder 1	Cylinder 2
SERIAL NUMBER		
MANUFACTURER		
DATE OF MANUFACTURER		
SIZE (LITRES)		
WORKING PRESSURE (200BAR/232BAR/300BAR)		
DATE OF LAST VISUAL		
DATE OF LAST HYDRO		

Give permission for this cylinder to be filled by OMSAC compressor operators at OMSAC club premises.

I am aware the OMSAC compressor operators are volunteers.

And to the extent permitted by law, indemnify and hold harmless OMSAC and the compressor operators from any and all claims, actions, liabilities, suits, injuries, demands, obligations, losses, settlements, judgments, damages, fines, penalties, costs and expenses, including attorney's fees and other expenses arising out of or relating to the filling of this cylinder by an OMSAC compressor operator at OMSAC premises.

Signed (Cylinder Owner)

Signed (Witness)

Name

Name

Date

Date

Email Cylinder Registration and Filling Indemnity Form for each cylinder to the committee @ info@omsac.co.za