INDEMNITY FORM FOR CONDUCTING
CLINICAL TRIALS
(To be completed in triplicate)

I/We ……………………………………………………………………………………………………………………………………………………

to whom authority has been granted in terms of Pharmacy Act No. 15 Section 42
to utilize the medicine or allied substance for the purposes of conducting a
clinical trial therewith upon persons/animals, declare that I/We have read and
understood the conditions contained in such authority and hereby indemnify the
State, the Secretary for Health and the Pharmacy, Medicines and Poisons Board
(and any committee thereof) from liability in respect of any injury or adverse
effect whatsoever which may be sustained by any person or animal, directly or
indirectly, as a result of the conduct of the trial and which occurs or reveals itself at the
time of the trial or subsequently (at any time) and further indemnify the
aforementioned against any claim for damages, howsoever arising notwithstanding the
provision to section 42 of the said Act.

Dated at ……………………………………………………………………………………………………………………………………………………

This day of ……………………in the month of……………………….…………..20 …. 

Signed ………………………………..