



GENERAL CONSENT AND INDEMNITY FORM

I/we, _____ (full names of parent/s or legal guardian), the parents and/or legal guardian of the under-mentioned child/children, over whom I/we have custody and control, do hereby consent to my/our son/daughter/ward, (full names):

participating in extra mural activities (including, but not limited to sports, archery, games, etc.) and the various other activities (including, but not limited to: camps and educational outing) arranged, organised and offered by the School, on and off the School premises and, where relevant, to his/her being transported to and from the said activities by means of transport made available by the school for that purpose.

I/we hereby indemnify, hold harmless and absolve all the staff, including the accompanying parents (where applicable) and the Governing Body of Waterberg Academy against any or all claims that may arise in connection with the loss or damage to property of or injury to my/our child/children in the course of the relevant activity and any or all of the related activities, in the knowledge that the managing staff will have a policy in place to ensure the safety and welfare of my child/children. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the gross negligence, wilfulness, or deliberate act of the School or one or more of its employees. This indemnity shall be binding on me/us, my/our named child/children, as well as our heirs, executors, trustees, assigns or administrators, the extent of which I/we acknowledge and understand. I accept that the managing staff can't guarantee that the safety measures and policies are always adhered to strictly.

I/we furthermore appoint the School staff accompanying the tour or group, or supervising the activity, to act in loco parentis in respect of my child/children should the need therefore arise.

RELEVANT INFORMATION CONCERNING OUR CHILD'S/CHILDREN'S CONDITIONS/CIRCUMSTANCES

Does your child have any medical condition or allergy of which the teacher accompanying the group need to be aware of

YES NO

If so, please provide details:

Should medication/hospitalisation be necessary please indicate (if applicable):

a. Name of your Medical Aid Society: _____ Medical Aid No: _____

b. Contact details of Medical Practitioner to be contacted for medical history if necessary:

c. Emergency contact telephone number/s?"

Telephone: (work) _____ (home) _____ (cell) _____

Signed at _____ on the _____ day of _____ 20____

Father/Guardian: _____ Witness: _____

ID No. _____

Mother/Guardian: _____ Witness: _____

ID No. _____