

INDEMNITY FORM

Corner Buiten, and
1st Streets,
Krugersdorp North

PO Box 235
Rant-en-Dal, 1751

Telephone: 011 953 1078/9

Fax: 011 953 4570



011 953 1078

GENERAL INFORMATION

Full name of learner:			
Date of birth: (yyyy/mm/dd)			
Does your child have any allergies or take any medication?		YES	NO
If yes, please specify:			
Residential address of parent / guardian:			
Telephone Home:			
Telephone Work:			
Cell Number:		Name:	
Other:		Name:	
Name and address of employer:			
Name of Medical Aid Fund:			
Medical Aid Number:			
Force No (Permanent Force S.A. Police etc.):			
Occupation:			
Gross annual income:			
Husband:			
Wife:			
Number of dependants (including spouse):			
Ages of dependents (excluding spouse):			

Letter of Consent:

I, _____ (full names of parent or legal guardian) parent and / or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to _____ (full names of child) participating under the supervision of the school, in the various activities, including but not limited to sports activities, outings, or extra-curricular activities while he/she remains a learner of St Ursula's School. (Inclusive of any means of transport made available by the school for such purpose.)

I do hereby affirm and acknowledge that I am fully aware of the inherent hazards and risks associated with various activities and / or excursions aforesaid that include the most common hazards and risks, but not limited to injuries sustained from participating in any of the various activities and excursions.

I fully understand that there are also risks associated with transport to and from the various activities and / or excursions, including, but not limited to accidents, theft and hi - jacking and possible damage, injury or loss of life as a result of the aforesaid transport. Despite the potential hazards and dangers associated with the activities and / or excursions and transport, I consent, freely accept and expressly assume all risk, dangers and hazards that may arise from these activities which could result in personal injury, loss of life and property damage to me or my child.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of my child being allowed to participate in the various school activities and / or excursions and transport as well as the use of any facilities provided for at and during the various activities and / or excursions and transport, I hereby agree as follows: -

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or wilful misconduct that my child may have in the future against St Ursula's School, its Executive and Advisory boards, teachers, employees, representatives, accompanying parents or any person transporting children on behalf of the school. This waiver and release shall be of no force and effect of an act of gross negligence.
2. To release St Ursula's School, its Executive and Advisory boards, teachers, employees, representatives, accompanying parents, from liability and responsibility, whatsoever, for any claims or causes of action that my child, his or her estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from an activity, excursion or transport, whether caused by active or passive negligence or otherwise. By executing this document, I agree not to hold St Ursula's School, its Executive and Advisory boards, teachers, employees, representatives, or accompanying parents responsible for any injury or loss of life which may occur to my child during the activities, excursions or transport aforesaid. This release shall be of no force and effect in the event of an act of gross negligence.
3. I agree, that in the event an emergency has arisen and medical treatment is required and deemed necessary for my child, then St Ursula's School, its Executive and Advisory boards, teachers, employees, representatives, or any accompanying parent may have the authority to extent such medical treatment as may be necessary on my behalf and I shall be responsible for the payment of any related cost or fees incurred in this regard.

4. By entering into this agreement, I am not relying on any oral or written representation or statements made, other than what is set forth in this agreement.
5. I hereby declare that I have had adequate opportunity to receive and comprehend this Agreement, and comprehend the aim and purpose in the agreement and I acknowledge that I fully understand the terms, conditions and language.

I HAVE READ THIS AGREEMENT AND I UNDERSTAND IT.

I AGREE TO BE BOUND BY IT.

I HAVE HAD ADEQUATE OPPORTUNITY TO RECEIVE AND COMPREHEND THE CONTENTS OF THIS AGREEMENT.

Signature of parent / guardian:

ID Number of person who signed this form:

Date: