



## Indemnity Form for MEULSTROOM LODGE:

### INDEMNITY – MEULSTROOM LODGE

Name of School: \_\_\_\_\_

#### DETAILS OF PARENT / GUARDIAN:

I \_\_\_\_\_ (full name and surname) parent / guardian of  
\_\_\_\_\_ (full name and surname)  
\_\_\_\_\_ (date of birth) hereby give my consent that he / she may participate in all the activities and excursions organised by MeulstrooMLodge. I understand that activities like the use of the obstacle course, swimming, hiking ect. may be included in the programme as requested by the school.

I accept that all reasonable precautions will be made to ensure the safety and well-being of my child. As far as I know, he / she is physically capable of participating in the activities as organised by MeulstrooMLodge and he / she is in good health.

I understand that I will be held responsible for any and all medical accounts (including transport costs to doctors) and / or hospitalisation costs (if applicable) in the event of sickness, injury or death of my child.

I transfer my powers as parent / guardian to the management of MeulstrooMLodge if medical treatment / hospitalisation or surgical procedures is required for my child.

I request that the person responsible take note of the following (Please name any aspects that the management of MeulstrooMLodge must be aware of, for example allergies, etc.)

\_\_\_\_\_

Swimming capabilities (for water based activities): \_\_\_\_\_

#### Telephone numbers of Parent/Gaurdian:

House: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**As parent / guardian I undertake that I will not hold the administration, MeulstrooMLodge or staff responsible for damages or any civil action, as a result of any accident or any other eventuality as a result of such a person's bona fide conduct / actions that may arise during the activities of the above- mentioned, either during the activity or during transport to the activity or any eventuality during above- mentioned learner's actions throughout his / hers participation in the MeulstrooMLodge programme or usage of its facilities.**

\_\_\_\_\_  
Signature of parent / guardian

ID. number: \_\_\_\_\_

Date: \_\_\_\_\_