



Meulstroom Lodge
CONFERENCES • FUNCTIONS • GROUPS

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 Meulstroom Lodge. 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
Meulstroom Lodge 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 Meulstroom Lodge 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 Meulstroom Lodge 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, Meulstroom Lodge
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 Meulstroom Lodge programme or usage of its facilities.

Signature of parent / guardian ID. number: _____

Date: _____

