



INDEMNITY FORM

We, the father and mother/guardian of the child, hereby agree:

- 1) To accept and abide by all terms and conditions governing the group known as _____ with which I declare myself fully acquainted.
- 2) That while the persons in charge of the group will care for the child to the best of their ability, neither they nor any persons connected with the group, will accept liability for any claims arising from any accident or injury happening to the child while he/she is in the care of the group supervisor, and to waive and abandon any claims which may at any time, arise as aforesaid, both in my personal capacity, and in my capacity as a parent or guardian of the child, and I expressly indemnify the supervisor or such person against any claim which may arise or be instituted.
- 3) To ensure that the child has been properly immunized against Whooping Cough, Diphtheria, Tetanus, Polio and vaccinated against Tuberculosis and will furnish proof of this on request.
- 4) That the supervisor of the group, or, in her absence, any responsible person connected with it, may give the required permission and sign the necessary written consent for the child to be subjected to surgery or other medical treatment, provided that this will be executed on the advice and under the supervision of a medical doctor.
- 5) That my child will be permitted to be transported to and from the school, either by the school or parents on while on outings.

Thus done and signed at _____ on this the ___ day of _____

Mother/Guardian

Father/Guardian

Directress