



education

Lefapha la Thuto
Onderwys Departement
Department of Education
NORTH WEST PROVINCE

Private Bag X 919
Potchefstroom
2520
Tel: 018-297 4201
Fax: 018-294 6094
Cel:0828002196

DR KENNETH KAUNDA DISTRICT

INDEMNITY

in respect of the conveyance and participation of learners in educational activities

I, the undersigned (state name in full) _____
ID no: _____ being the parent or natural guardian of
_____ (child's full name),
a learner enrolled at _____ do hereby on behalf of myself,
authorize the conveyance and participation of _____
(child's full name).

I, accept that all reasonable precautions will be taken for the safety and welfare of my child and his/her property as any parent/guardian would do under the same circumstances during the period of conveyance and participation in aforementioned activities. I cede my powers as parent/guardian to the Principal or his/her representative should any medical treatment be deemed necessary for my child, and I accept that I shall be held fully responsible for the costs incurred from any such treatment.

I, furthermore do hereby on behalf of myself *indemnify, hold harmless and absolve the Department of Education, North West, or any person in the service of the Department of Education, North West,* against and from any damage (*excluding those damages caused due to gross negligence*) whatsoever and any legal expenses or cost that may arise by my child being conveyed and/or participating in the said activity, which damage, expenses or costs may be claimed by any person whatsoever.

Signed at _____ (place) on the _____ day of _____ 20 _____
in the presence of the undersigned witnesses.

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF LEARNER: _____

WITNESSES: 1. _____

2. _____

INDEMNITY/dp