



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. _____