

## INDEMNITY FORM

**DATE** \_\_\_\_\_

**PARTICIPANTS DETAILS**

Name : \_\_\_\_\_

Age : \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies / Illnesses: \_\_\_\_\_

Medical Aid: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative number: \_\_\_\_\_

Email address: \_\_\_\_\_

I, \_\_\_\_\_(Full name), parent and/or legal guardian of the under-mentioned, over whom I have custody and control, hereby consent to my child \_\_\_\_\_(Full name) participating in various activities, arranged by Intaka Island. I further agree to the condition that, while every precaution will be taken for the safety and welfare of my child and for the care of his/her possessions, I will hold blameless and indemnify all persons, Intaka Island and all other organisations associated with the activity, should prejudice, loss, damage, illness or injury occur to my child during the above activity.

I, as the parent and/or legal guardian of the above named person, do hereby authorise Intaka Island to take the appropriate First Aid response and to contact and/or transfer the above mentioned person to the relevant doctors, ambulance and hospitals in the event of an emergency. All medical costs will be for my own account.

Parent / Gaurdian signature: \_\_\_\_\_

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

**Intaka Island Management**