



INDEMNITY FORM

I, THE
UNDERSIGNED,.....

[FULL NAME & SURNAME]

BEING THE MOTHER/ FATHER/ GUARDIAN OF

.....
[FULL NAME & SURNAME OF LEARNER]

HEREBY AGREE TO THE TERMS AND CONDITION BELOW AND UNDERTAKE TO
ABIDE BY THEM WHILE MY CHILD IS IN CARE OF LIVING WATER'S AFTER-CARE.

I HEREBY WAIVE ALL CLAIMS I MAY HAVE AGAINST LIVING WATER'S
AFTER-CARE, ITS OWNER OR STAFF ARISING FROM INJURY,
ACCIDENT, ILLNESS OR ANY CAUSE INVOLVING THE ABOVE
MENTIONED CHILD AND HEREBY INDEMNIFY THE AFTER-CARE
AGAINST ALL CLAIMS.

I HEREBY AUTHORIZE LIVING WATER'S AFTER-CARE TO TAKE ALL
STEPS, WHICH IS IN ITS ABSOLUTE DISCRETION MAY DEEM
NECESSARY , TO HAVE THE SAID CHILD ADMITTED TO THE HOSPITAL,
AND BE TREATED BY A DOCTOR OR OTHER MEDICAL ATTENDANT. I
FURTHER UNDERSTAND THAT I SHALL BE HELD RESPONSIBLE FOR
THE PAYMENT OF MEDICAL AND/ OR HOSPITAL ACCOUNTS FROM
TREATMENTS FOR THE SAID CHILD.

I HEREBY GIVE PERMISSION FOR THE TRANSPORTATION OF SAID
CHILD FOR ABOVE MENTIONED PURPOSE , OUTINGS AND SCHOOL
HOLIDAY OUTINGS DURING THE COURSE OF THE YEAR AT LIVING
WATER'S AFTER-CARE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE