



Student Indemnity Agreement

Student's Particulars:

Name: _____ Division: _____

Student No: _____ Medical Aid _____

Allergies food / medicine _____

Address: _____ Postal Code _____

Home No: _____ Cell phone: _____

Parent's / Guardian's Particulars

Name _____

Relationship to Student _____

Contact No: _____ Cell phone: _____

Address: _____

Postal Code: _____

To be completed by Parent/Guardian/Student over age of 18 years

I, _____ the undersigned hereby indemnify, hold blameless and acknowledge that neither I nor the above mentioned student named has;/have any action or claim against the NuweLeweFamilieKerk, 68 Gemini street, Brackenfell , South Africa or any of its appointed workers; whether or not such action or claim arises out of an act or omission whether deliberately, recklessly or negligently performed or omitted. I certify by my signature hereunder that I am authorised to represent, act for or otherwise contract for the above mentioned student who similarly indemnify, hold blameless and acknowledge that they have no action or claim as hereinbefore set forth.

Dated at _____ this _____ day of _____. Signature _____

Witness _____