

INDEMINITY FORM
Knysna Baptist Church Loops & Laps event, on 24 October 2015

While **Knysna Baptist Church** will take all reasonable steps to care for your child while in our care, the parent or guardian of each child is required to sign this indemnity.

1. I, (full name of parent or guardian)

of (address)

Tel No:

Cell Phone No:

being the parent and/or guardian of (Full name)

("the child"), age and grade hereby give my consent to my child attending and fully participating in the activities of the **Knysna Baptist Church Loops & Laps event, on 24 October 2015.**

2. I agree that neither **Knysna Baptist Church ('KBC')**, nor its members, representatives, employees and assistants ("*the Church*") accept the responsibility for any loss, injury or damage that the person or property of my child may sustain while engaged in any activity on the race, whether or not the loss, injury or damage is attributable to negligence or any other cause which may arise.
 3. I hereby indemnify and agree to keep indemnified and hold harmless the Church against all and any claims which may be brought or made against the Church in respect of such loss, injury or damage which may be sustained by the child resulting from the child's attendance at the KBC Loops & Laps Event, as well as whilst the child is in the care of the Church or on the Church premises, howsoever, whensoever and from whatsoever cause arising.
 4. I agree to at all times hold harmless and keep indemnified the Church against all and any actions, suits, claims, demands, costs and expenses which may arise and to settle same upon being notified of any such claims herefor.
 5. As far as I am aware, my child is in good health. However, please note the following: (Please mention any special health requirements including allergies and medication that the church should be aware of):
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6. In an emergency situation in which my consent cannot reasonably be contained, I consent to the child undergoing surgical or other medical treatment on the advice and under the supervision of a medical doctor. I undertake to pay the costs of the treatment required.
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(Signature of parent/guardian) (Date)