



Blaauwberg Rise Academy
7 Raven Street
Blouberg Rise
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**BLAAUWBERG RISE THERAPY & LEARNING CENTRE
INDEMNITY FORM**

I, the undersigned,

..... (Full names)

being the father/mother/guardian of

..... (Full name of child)

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Blaauwberg Rise Therapy & Learning Centre or its representative.

1. I hereby waive all claims I may have against Blaauwberg Rise Therapy & Learning Centre, its owner or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify the Learning Centre against all such claims.
2. I hereby authorise Blaauwberg Rise Therapy & Learning Centre's representative to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall not be held responsible for the payment of medical and/or hospital accounts arising from treatment. We will endeavor to arrange the necessary transport to the said facility, no representative of the Centre will transport a child to a facility, and the necessary services will be called for.
3. Should we arrange an excursion, permission is granted to travel with
..... to on the
.....

Signature of Parent or Legal Guardian:

Date:

Signature of Principal/Owner:

Date: