



INDEMNITY FORM

TO BE COMPLETED AND SIGNED BY PARENT/S OR LEGAL GUARDIAN/S

CAMPER'S FULL NAME: DATE OF BIRTH:

ADDRESS: PARENT'S PHONE NUMBER:

I/We agree that my/our child (Child's name) attend the GYM Boys Camp, 6-9 October 2021 at Shiluvuri Lodge at Albasini Dam, Limpopo.

I/we consent to my/our child's participation in the camp and all its activities, including any transport that my/our child may be involved in.

I understand and accept that this activity is undertaken at my/our child's own risk and I hereby, and on behalf of my executors, my wife/husband and my/our child, indemnify, hold blameless and absolve Trinity Baptist Church, it's staff and any other persons who might be involved in the aforesaid activity, against any claim for injury or illness that may befall my/our child and for any loss of or damage to property occurring during or arising from the aforesaid activity in the knowledge that the leader and his/her assistants will take all responsible precautions for the safety and welfare of my/our child.

I further request that the leaders act "In Loco Parentis" during the said activity. I understand that in case of accident or illness, which in the opinion of the leaders requires medical attention, the cost of this attention will be my liability.

I also give consent to use appropriate photos of my/our child for reporting back purposes, where my/our child consents to such use.

Please tick and explain if your child:

- ☐ Suffers from any medical condition (such as heart condition, asthma, blackouts etc.)
☐ Is taking any medication (if so, list medication and dosage)
☐ Is allergic to any foods, drugs or has any special care needs

Name of Parent / Guardian

Signature of Parent / Guardian

Date