

INDEMNITY FORM

TO BE COMPLETED AND SIGNED BY LEGALLY INDEPENDENT CAMPER / PARENT(S) / LEGAL GUARDIAN(S)

CAMPER'S FULL NAME: _____ D.O.B: _____ (MM/DD/YYYY) AGE: _____

HOME ADDRESS: _____

INDEPENDENT CAMPER'S / PARENT'S PHONE NUMBER: _____

I / We agree that I / my child _____ (camper's name)

attend the GYM Men's Camp, on _____ (Date)

at _____ GYM CAMP LODGE, LIMPOPO _____ (Venue & location).

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

I understand and accept that this activity is undertaken at my / my child's / our child's own risk and I hereby, and on behalf of myself / my executors, my wife / husband and my / our child, indemnify, hold blameless and absolve Trinity Baptist Church, its staff and any other persons who might be involved in the aforesaid activity, against any claim for injury or illness that may befall me / my child / 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 all campers.

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 myself / my child / our child for reporting back / marketing purposes, where I / my child / our child consents to such use.

Please tick and explain if camper:

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, or drugs, or has any special care needs _____

If there are any other factors that we need to be made aware of _____

Name of Independent Camper / Parent / Guardian _____

Signature _____ **Date** _____