



NOS RESURGENMUS
WE RISE
GRANTLEY COLLEGE
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P.O. BOX 87278, HOUGHTON, 2041
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GENERAL INDEMNITY FORM 2018

I, _____

Identity number _____

In my capacity as Mother/Father/Legal Guardian/Other (Please specify _____) of

By my signature here to, I fully understand that ALL school activities including the transport of my child to and from activities, in school vehicles or hired vehicles, outings and sports meetings, either as part of the normal school day or of an extra mural nature shall be undertaken at my child's own risk, and I undertake on behalf of myself, my executors, my wife/husband, and my child aforesaid to indemnify, hold harmless and absolve the school, the staff, both academic and non academic, permanent or temporary, and paid or unpaid temporary assistants and volunteers, against and from any or all claims whatsoever, that may arise in connection with any loss or damage to the property or injury or death, to the person of my child aforesaid in the course of his/her time under school care, in the knowledge that the teachers and their paid/unpaid assistants and volunteers, will take all possible reasonable precautions for the safety and welfare of my child.

I hereby give consent for my child/children to take part in extra mural activities of the school, including games, swimming, athletics, educational tours and trips of historical or geographical interest, as well as to make use of the sports equipment at the school and outside the Grantley College campus.

If **Asthmatic**, it is the learners' responsibility to have their asthma pumps on their person, during activities and outings.

Allergies: _____

Physical disabilities : _____

Medical Conditions : _____

Daily Medications : _____

I hereby cede authority to Grantley College to seek the medical attention of the hospital/doctor as specified on my application form or any qualified medical practitioner for advice/attention which my child may require, where ourselves or the family doctor cannot be contacted. I agree to pay for all costs incurred.

Signature of Mother/Father/Guardian/Other (specify): _____

Date: _____