Bishops Grade 8 "House Camp" Indemnity Form

Dates of Camp / Excursion: From: 7/02/21 to: 9/02/21

To be completed by a parent or legal guardian and returned to your House Director or emailed to jswift@bishops.org.za

HC	DUSE:	Grade
Fu	ll name of pupil:	DOB:
Na	me of parent/guardian:	
Em	nail address of parent/guardian:	
Мс	obile no: (Mother)	(Father)
" T	he parents and/ or legal guardian of the ap	plicant:
a.	give their consent for the applicant to take pa governing body of Diocesan College, whethe premises of Diocesan College, including, but of educational, social or general interest with	er conducted on the premises or off the tool to the tool to took to the took t
b.	acknowledge that they fully understand and at their own risk and undertake on behalf of thold harmless and absolve the governing bo Elwierda, TWI, Springbok Atlas and Ikapa, the Western Cape Nature Conservation Board a organizations and their employees and represent from any claims whatsoever which may damage to the person and/or property of the and	themselves and the applicant to indemnify, dy of Diocesan College, Lead 4 life, ne owners of the different resorts and the nd all their associated companies and esentatives acting in such capacity, against arise in connection with any loss and/or
C.	in the event of the applicant being injured where permission to any employee or representative to attend to such injury in loco parentis and the such consent be required for medical reason possible for the next of kin to be contacted in	re of Diocesan College or Lead 4 life or TWI o consent to any medical treatment, should is on an urgent basis and should it not be
Signa	iture of Parent / Legal Guardian:	
Date:		