



Consent Form and Indemnity

**Parental letter of permission for pupils to go on an activity, excursion, camp, tour or other event  
(hereafter referred to as “the activity”)**

1. I, \_\_\_\_\_ (full name and surname) the parent/guardian of \_\_\_\_\_ (full name and surname) with ID number \_\_\_\_\_, (hereafter referred to as “the pupil”) hereby give permission for him to attend and fully participate in all activities as described in the documentation given and communicated about the below-mentioned activity hosted and run/organised by Bishops, whether conducted on or off the premises of Bishops. This includes any associated transport during the activity and/or medical treatment as deemed necessary and as arranged by Bishops.

Activity: \_\_\_\_\_ The Bishops Epic \_\_\_\_\_ Date: \_18 November – 3 December 2025  
Details: <https://college.bishops.org.za/epic/Default.aspx>

- September 2025 (Devil’s Peak Training Hike)
- Other Training Hikes (for those who sign up)
- Cycling Training (for those who sign up)
- Swimming Training (for those who sign up)
- 11-14 November 2025 (Training Week)
- 18 November – 3 December 2025 (Bishops Epic)

2. I acknowledge that both the pupil and I have had access to all information regarding the activity and the foreseeable risks attendant thereon. I acknowledge that both the pupil and I have read, understand and accept all information communicated to us in this regard. <https://college.bishops.org.za/epic/Default.aspx>
3. I delegate my powers and authority as parent/guardian to the Principal of the school or his representative(s) for the duration of the activity for the pupil.
4. I acknowledge and fully understand and accept that the associated activities shall be undertaken at mine as well as the pupil’s own risk and undertake to and hereby indemnify, hold harmless and absolve Bishops, the Council of Bishops, its employees, and all associated companies, organisations, employees and representatives, from any claims whatsoever which may arise in connection with any loss and/or damage to the pupil or his/my property in the course of participation in the activity.
5. I accept that all reasonable precautions will be taken to ensure the safety and welfare of the pupil and that I shall be held responsible for the payment of medical and/or hospital expenses, where these should be deemed reasonably necessary and/or appropriate by the Principal or his representative/s, should he become ill or sustain an injury which cannot be ascribed to reckless or intentional conduct on the part of the Principal or his representative/s.
6. **I have completed/updated and checked the pupil’s medical profile via the link on MyBishopsLife and confirm that the supervising staff can rely on this information to be aware of any dietary requirements, allergies, tendency towards abnormal bleeding, epilepsy, medication or any other aspect which should be borne in mind.** Save as indicated on the pupil’s abovementioned medical profile, I can and hereby do confirm that, to the best of my knowledge, there is no other fact, condition or circumstance that is relevant and which ought to be considered regarding the pupil’s health and/or fitness whether as regards the activity or otherwise. I furthermore undertake to expressly notify Bishops and update the aforementioned medical profile of any changes or developments which may be material or relevant to the pupil’s state of health and/or fitness and of which I may become aware after the date of signature hereof.
7. I confirm that the contact details on record are correct for each of the pupil’s parent(s)/guardian(s). I am aware of my responsibility as parent/guardian to keep these details up to date at all times.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

CONTACT NUMBER: \_\_\_\_\_