WORD OF LIFE
CHRISTIAN SCHOOL

# INDEMNITY FORM 2026

**LETTER OF PERMISSION FOR A LEARNER TO PARTICIPATE IN EXCURSIONS, SPORT AND OTHER EXTRAMURAL ACTIVITIES**

I, _____ (Full name and surname), the parent/guardian of _____ Grade: _____ (Full name, surname and grade of learner) hereby give permission for him/her to participate in the excursions, sporting and extra-curricular activities of Word of Life Christian School ("the School"), and to go on approved School tours and excursions related to such sporting and extra-curricular activities.

**NO LEARNER MAY PARTICIPATE IN ANY ACTIVITY UNLESS THIS FORM IS COMPLETED, SIGNED AND RETURNED TO SCHOOL.**

1. Intings / Outings

1.1 I hereby indemnify, and hold, the School, Provincial Administration, the Vereeniging Baptist Church, the School Board, its agents, representatives and educators, harmless against any claim or demand arising from the death of or injury to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such sporting or extra-curricular activities and/or such tours and excursions.

1.2 I agree that, if in the opinion of the Principal of the School or her/his delegated HOD an emergency has arisen and medical treatment be deemed necessary for my child, the Principal of the School or her/his delegated HOD shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.

1.3 I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

1.4 As far as I am aware my child is physically capable of participating in the said excursion, sporting or extra-curricular activities and he/she is in good health. However, the persons responsible should please note the following: [Please state aspects that the teaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.]

_____
_____
_____

1.5 The following information is essential in case of medical treatment or hospitalisation:

1.5.1 Name and address of Parent / Main Member: _____

1.5.2 Name of Medical Aid Fund: _____

Membership No: _____

1.5.3 Name of your Family Doctor: _____

Telephone No: _____

2. Media

I am aware that the school would regularly take photographs of my child/ward. Such photographs may be used in School publications/Newsletters etc. I hereby give permission for the school to do so with the strict provision that the photographs will not be used for commercial gain.

I make this indemnity freely and voluntarily as legal guardian of the child on behalf of myself, my executors, my spouse and the child mentioned.

_____ _____ _____

Signature of parent/guardian Date I.D. Number

Word of Life Christian School