



CONSENT AND INDEMNITY

This form should be completed for each minor (under 18 years old) attending a WESSA Education Centre camp / programme / activity and signed by the parent or legal guardian of the minor.

DATES OF CAMP, PROGRAMME OR ACTIVITY: ____ / ____ / ____

DETAILS OF CHILD

Full name(s): _____

Grade: _____

Date of Birth: _____

School: _____

Gender: _____

Residential Address: _____

Special dietary requirement: _____

Contact in the event of an emergency:

Name: _____

Relationship: _____

Cell: _____

Landline (h): _____

Landline (w): _____

PLEASE COMPLETE IN THE EVENT THAT MEDICAL ASSISTANCE IS REQUIRED

Person responsible for medical expenses: _____

Known allergies and/or medical conditions: _____

Medications currently taking: _____

Name and number of medical aid scheme: _____

Main member: _____

Name and contact number of family doctor: _____

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This form is to be completed by parent / legal guardian of child under 18 years of age:

I, _____ (the name and surname of the parent / legal guardian), the undersigned parent / legal guardian of _____

(full name and surname of child) hereby consent to my child attending a WESSA camp at the following centre _____.

I hereby state and confirm that:

1. I understand and acknowledge that the activities, *inter alia* those listed below, that my child may engage in have inherent risks and dangers that could result in damage to property, loss of life and/or injury to my child.
2. I consent to my child participating in such activities and agree to accept all risks to my child and his or her property involved in his or her participation in such events.
3. My child's general health is good and there is nothing which renders him / her unfit to undertake an excursion into the natural environment (including beaches, bush, forest, mountains and mangroves) or water-based environment (including streams and dams).
4. I will undertake to inform WESSA should my child suffer from any serious medical condition or if he or she is currently using medication.
5. I understand and appreciate the inherent risks and dangers of my child participating in WESSA's educational camps, programmes, activities, initiative games and ropes course activities, including but not limited to; slippery conditions and uneven surfaces to walk over, the hazards of climbing or descending trees, walking on logs / wires suspended above the ground, travelling through mountainous areas, paddling or otherwise travelling through turbulent or calm waters, climbing or descending rock faces, exposure to the forces of weather and / or nature, paintballing, accidents or illnesses occurring in remote places without medical facilities and travel by air, train, automobile and / or other forms of potential encounters with insects and wild animals, transportation which could result in property damage and personal injury - and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my child's participation in these activities.
6. I understand and accept that any medical evacuation for my child will be at my own expense.
7. I voluntarily assume the risks as set out above which are inherent to camps / programmes / activities and that I, together with my heirs, executors and administrators hereby indemnify and release WESSA, its members, officers, servants and agents from liability from all or any claims (including; loss of property, loss of life and / or injury) that could accrue to my child arising out of his / her participation in the said education camps / programmes / activities or any related activities.
8. I agree that my child will be bound by the rules of the WESSA Centre and will obey any reasonable instructions issued by the WESSA staff. I authorise the WESSA staff members under whose care and / or control my child is at the time to deal firmly with my child should he / she misbehave or break any



of the rules imposed in any way. I further authorise the WESSA Education Centres Management, in the event of serious misconduct on the part of my child, to send my child home and I accept full liability for the cost thereof. I accept that failure by my child to abide by instructions relating to his / her safety may place him / her in a position of risk to his / her safety and wellbeing beyond the ability of the WESSA staff to protect him / her from such risk.

9. I agree that, if in the opinion of WESSA Education Centres Management, or the delegated person in control, an emergency has arisen and medical treatment be deemed necessary for my child, the WESSA Education Centres Management or the delegated person in control shall have the authority (which is hereby provided to the extent such entrustment may be required) to consent to medical treatment, including surgical intervention, on my behalf.
10. I agree and authorise that photos, statements, audio-visual recordings, video and sound bites taken, recorded and collected from or during activities with WESSA of my child may be used free of charge and at the discretion of the WESSA staff members as part of their marketing, communication and fundraising campaigns.
11. Notwithstanding the above, while we reserve all rights afforded to us in terms of Legislation, we indemnify WESSA education camps / programmes / activities for any damages arising from loss or damage to property, loss of life or injury of whatsoever nature. This indemnity does not cover gross negligence.

Signed at _____ on this _____ day of _____.

Signature of parent

Witness