



Soetwater Enviro Centre
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www.seec.org.za

INDEMNITY FORM

A. PERSONAL DETAILS:

CAMP DATES: _____

FULL NAME OF STUDENT:	_____	GENDER:	_____
ADDRESS:	_____ _____	AGE:	_____
PHONE:	_____ _____	GRADE:	_____
GUARDIAN DETAILS:	_____	MOBILE:	_____
EMAIL:	_____ _____	WORK:	_____

ANY ALLERGIES OR ANY MEDICATION BEING TAKEN AT PRESENT: (full details)

SPECIAL DIETARY REQUIREMENTS: (e.g. Kosher / Halaal / Vegan)

MEDICAL AID NAME:	_____	PRINCIPAL MEMBER:	_____
MEDICAL AID NUMBER:	_____	ID NO.:	_____

B. WAIVER AND INDEMNITY

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

do hereby waive all and any claims against: **SOETWATER ENVIRONMENTAL EDUCATION CENTRE** (hereinafter referred to as "SEEC") or any officer, employee, agent or representative of SEEC in respect of any loss of life, damage or injury to my person or property, or any other cause of action whatsoever, arising directly or indirectly out of or in connection with the educational outing to the Soetwater Enviro Centre at Soetwater (hereinafter referred to as "the activity"), whether caused by the action or inaction of any officer, employee, agent or representative of SEEC or however otherwise arising; and I do hereby indemnify SEEC and hold them harmless against any and all such claims or actions, including without limitation, consequential damages as may be brought against them arising out of, attendant on or ancillary to the activity.

SIGNED: (LEGAL GUARDIAN)

DATE:
