



## In(fo)demnity Form

I, the undersigned, hereby acknowledge that my child, \_\_\_\_\_ (full name), ID No. \_\_\_\_\_ from Grade \_\_\_\_, at \_\_\_\_\_ (School) will take part in an Activity based leadership program at Falcon Rock Adventure Centre. Every precaution will be taken to ensure that all our equipment is safe and that the employees of the Adventure Centre are vigilant in their work. I give my child my full consent to be a part of the activities organized. I understand and accept the risk involved and agree to his/her participation in these activities. No activities are compulsory, but we will encourage him/her to take part in as many activities as possible. We understand and accept that activities may be challenging, but that every care will be taken for his/her safety.

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Known Ailments (e.g. asthma): \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Plan: \_\_\_\_\_ Private: (Please circle) YES NO

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Parent/Guardian's Name (please print): \_\_\_\_\_ (Main Member)

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2018

Contact Cell No: \_\_\_\_\_ Home/Work Tel No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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I, \_\_\_\_\_ ID No: \_\_\_\_\_ hereby indemnify Falcon Rock, The Adventure Centre, subsidiaries, associated companies and neighbours, their employees, directors, shareholders, any other persons connected (whether directly or indirectly) with the operation of the Adventure Centre including \_\_\_\_\_ (School), any of their staff and assistants, from ANY CLAIM WHATSOEVER, in the event of any injury, or loss of equipment, should any accident occur while he/she is on this Adventure Camp. I acknowledge that any emergency medical treatment arranged or paid for by The Adventure Centre shall be at its discretion and without prejudice to its rights and without any admission of liability on its part.

(This form to be completed in full, brought with and handed in upon arrival at camp.)