

FIELD TRIP

PARENTAL CONSENT FORM AND INDEMNITY AGREEMENT

Date of Event/Field Trip **5 OCTOBER 2024**

Type of Field Trip: **HIKING, SWIMMING& BRAAI**

Destination KLEIN KARIBA

Need to Bring Bag Lunch? NO

Individual(s) in Charge: SUE- MARI WARREN & NICOLE VAN DER SANDT

Estimated Time of Departure: 9H20

Estimated Time of Return:14H00

TO BE FILLED OUT BY PARENT/GUARDIAN:	
Student Name _____ Age _____	
Parent/Guardian Name _____	
Home Address _____	
Home Phone _____	Business Phone _____ Cell Phone _____
I, _____ grant permission for _____	
(Parent/Guardian)	(Student)
to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Resort, Roundtable, Artsa & Ladies Circle from any claims or law suits brought against the pResort, Roundtable, Artsa & Ladies Circle by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Resort, Roundtable, Artsa & Ladies Circle in defense of such a claim/suit.	
EMERGENCY MEDICAL TREATMENT	
In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact _____	
(Name)	(Phone Number)
OPTIONAL MEDICAL INFORMATION:	
Medication my child is taking at present _____	
Other Medical Conditions _____	
Family Health Plan carrier number _____	
As Parent or Guardian, I agree to all of the above stated considerations and conditions.	
(Signature)	(Date)