

# VRYWARINGSVORM



**Hoërskool Vaalpark  
High School**

Die skool by uitnemendheid / The school of excellence

**Akademie / Academics    Kultuur / Culture  
Kuns / Art                      Sport**

SPORT/AKTIWITEIT:

\_\_\_\_\_

BESTEMMING:

\_\_\_\_\_

DATUM:

\_\_\_\_\_

Ek, die ondergetekende, in my hoedanigheid as ouer / voog van \_\_\_\_\_

\_\_\_\_\_ (naam van leerling)

Woonagtig te (adres):

\_\_\_\_\_

\_\_\_\_\_

verleen hiermee my toestemming dat die genoemde leerling aan die bogenoemde toer/aktiwiteit mag deelneem. Ek magtig die organiseerder van die betrokke aktiwiteit om namens my toestemming te verleen tot die uitvoer van mediese behandeling indien nodig en ek onderneem verder om die organiseerders te vrywaar teen enige eise.

Geteken te \_\_\_\_\_ op hierdie \_\_\_\_\_ dag van

\_\_\_\_\_ 20 \_\_\_\_\_

**OUER / VOOG:**

**TEL. NOMMER IN GEVAL VAN NOOD:**

\_\_\_\_\_

\_\_\_\_\_

En / of \_\_\_\_\_

**MEDIESE INLIGTING:**

Mediese Fonds: \_\_\_\_\_ Lidmaatskap Nr: \_\_\_\_\_

Dokter: \_\_\_\_\_ Kontaknommer: \_\_\_\_\_

ENIGE SPESIFIEKE MEDIESE TOESTANDE / ALERGIEË WAARVAN ONS MOET KENNIS NEEM?

\_\_\_\_\_

# INDEMNITY FORM



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SPORT/ACTIVITY:

\_\_\_\_\_

DESTINATION:

\_\_\_\_\_

DATE:

\_\_\_\_\_

I, the undersigned, in my capacity as parent/guardian of \_\_\_\_\_

\_\_\_\_\_ (name of learner)

Residing at (address):

\_\_\_\_\_

\_\_\_\_\_

give permission that the above-mentioned learner may participate in the above-mentioned tour / activity. I empower the organizer of the activity to give permission on my behalf should the mentioned learner need medical treatment and I further undertake to indemnify the organizers against any claims.

Signed at \_\_\_\_\_ on the \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_

**PARENT / GUARDIAN:**

**TEL. NUMBERS IN CASE OF EMERGENCY:**

\_\_\_\_\_

\_\_\_\_\_

And / or \_\_\_\_\_

**MEDICAL INFO:**

Medical Aid: \_\_\_\_\_ Membership No: \_\_\_\_\_

Doctor: \_\_\_\_\_ Contact No: \_\_\_\_\_

ANY SPECIFIC MEDICAL CONDITIONS / ALLERGIES TO TAKE NOTE OF?

\_\_\_\_\_