OAKHILL

THE JOY OF LEARNING

# INDEMNITY

Oakhill School will constantly endeavour to do what is reasonably required to keep the learner safe from harm and free of loss, taking into account the circumstances of each case. The School has taken out public liability insurance to cover the School should it be found legally responsible for any particular loss. Subject to the limitations on the School's right to an indemnity in terms of the following:

1. The Western Cape Provincial School Education Act 1997,(Act No 12 0f 1997)
2. The Southern African Schools Act 1996 ( Act No 84 0f 1996)
3. Act No 31,2007 Education Laws amendment act,2007

We the undersigned,

_____(Father's full name)

_____(Mother's full name)

being the parent/s and/or guardian/s of:

_____ (Pupil's full names)

in respect of the **Oakhill Odyssey 2012**

hereby indemnify/ies and hold/s Oakhill School harmless against any loss, injury, and/or damage which may be suffered by myself/ourselves and/or our child/ren of whatsoever nature and howsoever arising from or connected with our child's participation in the **Oakhill Odyssey 2012**

I/we further confirm that should the School be found to be legally responsible for any particular loss, notwithstanding the aforesaid indemnity, I/we (and as guardians of my/our child/ren) and our child/ren, further waive any such claim/s as we may have against the School in excess of its public liability insurance and indemnify the School and its employees and hold them harmless against and from any or all claims the learner may have against the School in excess of its public liability insurance.

I hereby appoint the teachers accompanying my child on the Tour to act "in locus parentis" ie to act as the parent as if I were personally present.

**CONTACT TELEPHONE NUMBERS (for the duration of the hike)**

| | Home | Work | Cell |
|---|---|---|---|
| Mother | | | |
| Father | | | |
| Other | | | |

Name of other contact person: _____

**ALLERGIES**

My child is allergic to the following

_____

**MEDICATION** (Cross out if not applicable)

My child is on medication. This medication will be handed to the teacher in charge, accompanied by a letter, from the prescribing doctor, stating the reasons therefore, the correct dosage, and the administration times.

**MEDICAL AID** (Must be completed)

Name of Medical Aid: _____

Medical Aid Number: _____

Principal Member's Name: _____

Principal Member's ID Number: _____

**ANY OTHER RELEVANT INFORMATION:**

_____

_____

_____

**PLEASE NOTE**

PERMANENT DISABILITY / PERSONAL ACCIDENT INSURANCE

Should you wish your child to be covered please make your own arrangements directly with your insurance company / insurance broker.

***Important - Both parents and/or legal guardians are to sign the indemnity!***

Signed and dated:

At _____on this _____ day of _____2011.

Father _____

Mother _____

Legal Guardian/s _____

_____