

AURUM SEVENTH-DAY ADVENTIST ACADEMY

INDEMNITY AND WAIVER

The teachers and staff of Aurum Seventh-day Adventist Academy undertake to do all they can to ensure the safety of its learners.

I, the undersigned, _____ (full names)

being the: father ; mother ; guardian ; of

_____ (full name of child)

hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of the school.

- 1) I hereby waive all claims I may have against the school, or its staff arising from injury, accident, illness, or any other cause involving the above-mentioned child, and hereby indemnify the school against all such claims, **excluding damages caused by gross negligence or willful misconduct.**
- 2) I hereby authorise that the aforesaid learner may be involved in all excursions undertaken by his/her group or class during school days as part of his/her learning experience and, where applicable, I agree that he/she may utilise the transport arranged by the school for such excursions **during the course of the school year.** I also indemnify the school and its staff for any damages or losses that I, as the parent/legal guardian of the above learner, may suffer under such circumstances and voluntarily accept the risks associated therewith, **except if such loss or damage arises as a consequence of gross negligence or willful misconduct.**
- 3) I hereby authorise the school to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of medical and/or hospital accounts arising from treatment, **except if the cause for treatment arises as a consequence of gross negligence or willful misconduct.**

This document is signed and submitted once for the year, however, as parent you will be duly informed of every upcoming excursion, and you will still have the option of allowing your child(ren) to attend or not.

Signature of parent or legal guardian

Date:

Witnesses:

1. Name _____

Signature _____