INDEMNITY FORM FOR CAMP ORGANIZER

I, the undersigned,

_____(full names),

the camp organizer of _____(full names), hereby consent to the above-mentioned group attending the camp to be held at Lagayim Adventure Centre.

I understand and appreciate the inherent risks and dangers of the location of the camp site, being outside of an urban environment in natural surroundings. I also take note of the fact that there is a swimming pool on the premises.

I acknowledge and undertake that, if any person in the group under my control should die or sustain personal injuries, or should any of his or her personal belongings be lost or damaged, I will have no claim of any nature, from whatsoever cause against Lagayim Adventure Centre, their personnel, contractors or directors and I indemnify and hold Lagayim Adventure Centre, their personnel, contractors or directors harmless against any such liability, claims, demands and actions.

I confirm that I have read and accept the rules of the camp and undertake to ensure that the rules are complied with at all times.

Without limiting the generality of the aforegoing, I hereby confirm that I am aware of the following rules pertaining to the swimming pool:

- Children under 16 years of age may only use the swimming pool under supervision of an adult (older than 18 years).
- I take full responsibility for the swimming pool area and undertake to see that nobody swims when no adult supervision is available.
- The same goes for any water based activity.

I HEREBY GIVE MY PERMISSION TO THE RESPONSIBLE PERSONS, TO TAKE A CAMPER, IF NECESSARY, TO A DOCTOR OR HOSPITAL AND AGREE TO EMERGENCY TREATMENT.

TELEPHONE NUMBERS:

WORK: _____

HOME: _____

CELL NO: _____

_____
SIGNATURE

ALTERNATIVE NUMBER IN CASE OF AN EMERGENCY: _____

ALLERGIES/MEDICAL CONDITIONS TO BE AWARE OF:

_____

_____

MEDICAL AID NAME AND NUMBER: _____

DATED AT_____ON THIS_____DAY OF

_____20_____

_____
FULL NAME AND SURNAME OF CAMP ORGINIZER

_____
SIGNATURE OF CAMP ORGINIZER

_____
SIGNATURE