INDEMNITY FORM

Royal Schools Sky City (The School) and the Board of Directors undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all learners, educators and visitors to the School.

Due to the nature of the matter, The School and the Board of Directors do not accept any responsibility for accidents that may take place in the class, on the school grounds or on the sports fields.

Each parent is therefore requested to complete the section below as proof that you accept the position of The School and the Board of Directors as set out above as well as the risks involved therewith.

I, the undersigned,

FULL NAME AND SURNAME: _____

ADDRESS: _____

CONTACT DETAILS: _____

the parent / legal guardian of the under mentioned learner who is enrolled as such and accepted by The School, subject to the terms set out herein:

NAME AND SURNAME OF LEARNER: _____

indemnity the School and the Royal Schools Board of Directors for the time being of the Royal Schools Sky City (Reg No. 2017/155522/08) for any losses or damages in general, however they may occur, that I as parent / legal guardian of the above learner may suffer as a result of any occurrence whereby the learner may be involved, whether as the causing or suffering party, whilst participating in any School activity.

In particular, I 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. I also indemnify The School and the Board of Directors for any damages or losses that I as parent / legal guardian of the above learner may suffer under such circumstances and voluntarily accepts the risks associated therewith.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20**_____ .

WITNESSES:

1. _____

2. _____

PARENT / LEGAL GUARDIAN:

_____