



Cosmos Private Academy

And thou shalt teach them diligently unto thy children ...

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FAMILY INDEMNITY FORM

I, (full names), with ID No
with the following child / children enrolled at school;

Full name of Child:

Full name of Child:

Full name of Child:

Full name of Child: ;

duly authorized hereto, hereby acknowledge and warrant that my child / children listed above have voluntarily decided to participate in certain educational / sporting / camping / traveling activities during the school year.

With full understanding and acceptance that there may be risks involved in their participating in such activities, inclusive of, but not limited to, motor vehicle or other accident traveling to or from such event, or accident, disease of illness contracted at such event which may result in, or lead to injury, disease or death.

I furthermore warrant, that I may be called on to provide or arrange for urgent or emergency care and collection of my child/children from the venue in the event of injury or illness necessitating such return and undertake to pay all expenses incurred in this regard.

Lastly, I warrant that my child / children above have or will have obtained all necessary travel documents and permits, vaccinations and immunizations by the dates required for each, should such be required.

In consequence of the above, I hereby irrevocably indemnify Cosmos Private Academy, its management, employees and parents from all claims, demands actions and causes of action of whatever kind, character and description, which may accrue to myself or the above-named child/children or any heir, executor, or assigns on their behalf relating to any damages, losses, injuries or death sustained by any of the above-named minors participating in or traveling to or from such activity, due to the negligence or fault or alleged negligence or fault of the above school or any of the above-mentioned persons or due to breach by me of any of the above warranties.

This indemnity shall be in respect of, but not limited to, any claim for compensatory damages of any kind, personal injury, medical expenses (inclusive of emergency evacuation), pain or suffering or mental anguish and all expenses incurred by any of the above parties in defending any such claim, on the attorney and client scale.

Signed by me in my capacity as parent / legal guardian of the above-named child / children at

..... on this day of 20.....

.....
Print Full Names

.....
Signature