



ESKOM EXPO FOR YOUNG SCIENTISTS

INDEMNITY FORM

Full Names/s and Surname of participant (as per I.D.):

DANIEL WYKERD

Date of Birth: 06/06/2002 I.D. No. 0206065157086

Home Address: 77 GORDON ROAD
SOMERSET WEST

Participant's cell no: 072 868 3696

Participant's e-mail: danielwykerd@gmail.com

Names of Parent/s: MALAN WYKERD

Parent's cell no: 082 4650864

Parent's e-mail: malan@velolife.co.za

Parent's work tel no: 021 - 851 5613

Medical Information:

Name of Medical Aid: AISOVERLY Medical Aid Number: 312089112

Name of house Doctor: HERBST Telephone Number: 021 852 3107

Other Insurance Details: NONE

Allergies/Chronic Disease/s of participant (if any): NONE

Special Dietary Requirements: NONE

I, MALAN WYKERD being the **Parents/Guardian** of my son/daughter

DANIEL WYKERD understand that all reasonable precautions will be taken by the Expo management, and absolve Expo for Young Scientists from any responsibility regarding the loss of or damage to any property, or any injury to the said participant from the time **he/she** leaves home for the Expo until **he/she** returns home, or that which may subsequently arise after this period.

I hereby designate the Official accompanying adult (**Mrs Liesel Sherwood Adcock, cell number 082 748 9199**) to act in *loco parentis* while for the duration of the Expo, and authorize **her**, should it be necessary, to procure medical or other assistance on my behalf, and at my expense.

I **accept** the conditions as stated above, and declare that my child has agreed to abide by the instructions of the Official accompanying adult as well as the rules of Eskom Expo for Young Scientists as included in the "Code of Conduct for Learners, Parents, RSFDS, Judges and Mentors at any Expo activity"


Signature of Parent / Guardian

27/08/2018
Date