



Hillcrest Cambridge Academy
Indemnity Form
(to be completed and signed by parent/guardian)

I.....(full name of parent/legal guardian) the under mentioned child, over whom I have custody and control, hereby consent to my child
..... (full name)

to fully participate in various school activities including sports, camps, educational outings, arranged by the school at their premises or being transported to and from the said activities by approved the school for that purpose.

I further agree to the conditions that while every precaution will be taken for safety, welfare and security for my child and care of possessions, I will hold blameless and indemnify all persons , Hillcrest Cambridge Academy and all other organizations associated with any school activity, should any loss, damage, illness, or injury occur to my child.

This includes an indemnity against recovery of costs resulting from damage, loss, medical costs unless such loss is caused by sheer careless and negligence, willfulness or deliberate acts of the institution or its appointed representatives.

I further authorize the school to act in loco-parentis in respect of my child during all my absence.

My child has a special medical condition.

YES

NO

Details of medical

condition:.....
.....
.....
.....

Signatories:

Parent:

Signature

Contacts...../.....

Date

School

School official

Stamp

.....