



# HILLCREST CAMBRIDGE ACADEMY

19 Harley Street Corner Oak Avenue

Randburg

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## INDEMNITY FORM

Hillcrest Cambridge Academy 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 responsibility for accidents that may take place in the class, on the school grounds or on the sports field.

Each parent is therefore requested to complete the section below as proof that 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 learner \_\_\_\_\_ who is  
enrolled as such and accepted by the School, subject to the terms set out herein, indemnifies  
the School and the Board of Directors for the time being of the school for any losses or  
damages in general, however they may occur, that I as a parent/legal guardian of the above  
learner may be involved, whether as the causing or suffering party, whilst participating in and  
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 a 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\_\_\_\_\_.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
WITNESS 2