



Blackfordby College of Agriculture, Klein Kopjes Farm, Concession
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Cell 0772 887 370, 0775 884 968

INDEMNITY FORM 2024 - 2026

Student's Full Names:

Declaration by Parent / Guardian / Sponsor

I, the undersigned,I.D. #
..... being Parent / Sponsor / Guardian
do hereby give my consent to
(*Student's Full Names*) taking part in any educational, sporting or related official
tour or activity organised by Blackfordby College of Agriculture.

I understand that the student will take part at his / her own risk and that while every
precaution and care will be taken by the organisers, neither they, the Principal,
Management Board, Trustees nor any member of staff will be held responsible for
any accidents, illness, injury or consequential loss which may occur or be suffered
by the student during or as a result of the tour or activity.

Furthermore, I authorize the Principal or a designated agent of the College to act '*in
loco parentis*' and empower them to authorise any surgical operation or any
essential medical treatment which for any reason may become necessary during
any time that the student is under the control and supervision of Blackfordby
College of Agriculture. As the parent / guardian / sponsor, I am prepared to
shoulder medical and related costs incurred during the process of assisting the
student.

Date.....

Signature.....

Home Physical Address

.....

Cell

Email