



BAPTIST YOUTH SUMMER CAMP 2016

Indemnity form

Please Complete the Following Form and Return to The Summer Camp Office, E-mail

summercamp@waterkloofbaptist.org.za Fax 012 347-0172.

Please also give the original to your Youth Pastor / Leader

INDEMNITY FORM

I, The Applicant Camper and my Parent / Guardian, do hereby Indemnify The Baptist Union, The Pro Regna Trust and the Baptist Youth of South Africa or any of their officials, employees or representative against any loss, damage or injury caused either directly or indirectly, at or on route to and from summer camp, and not to regard the Baptist Union, Pro Regna Trust responsible for any such event related to the above. I promise to take normal precautions, especially in regard to sport and recreational activities, for the protection of both person and property.

Camper Signature	
Name of Camper	
Surname of Camper	
Church attending Camp With	
Parent / Guardian Signature (If Under 18)	
Parent's / Guardian's Name and Surname	
Date	