



Heartland Adventure

Business Office: 48 Helderberg Close, Stonehurst, Tokai

Venue: Chrysalis Academy, Tokai (Gain access through 'The Range')

# INDEMNITY FORM

I (parent / guardian of participating child) the undersigned herewith apply myself for my child \_\_\_\_\_ (full name)

to take part in the programs and activities of HEARTLAND ADVENTURE and The Chrysalis Academy at Tokai on the following dates \_\_\_\_\_, subdued to the following conditions:

1. The program organisers, facilitators and leaders will do everything possible to ensure the safety and unnecessary risk of the persons and their belongings placed in their care.
2. I understand the nature of the risk and possible risks associated with outdoor programs and activities and I indemnify herewith HEARTLAND ADVENTURE and Chrysalis Academy and won't keep HEARTLAND ADVENTURE or Chrysalis Academy or any of its officers, management, facilitators, leaders, employees, members, directors or sub-contractors responsible for any claim or accountability that might arise from any injuries or lost/damage of property, whatever the circumstances or origin, and acknowledge that I am fully aware of and understand all the risks or possible risk involved.
3. I understand that the programs and activities will be held at the Chrysalis Academy in Tokai and all the participants will be exposed to the elements of nature. I acknowledge that I fully understand the implications and risk / possible risks and that we understand the full consequences thereof.
4. My child will obey all legal and fair instructions from the facilitators, leaders and any other camp employees. I also hereby acknowledge that my child may asked to leave, if he / she does not want to co-operate, misbehave or disobey any of the rules on camp.

5. That there is no food, medicine or any other things that my child is allergic to except

\_\_\_\_\_

6. That my child didn't have any serious illness in the last twenty four months except \_\_\_\_\_

\_\_\_\_\_

7. If there are any health problems that the camp management and facilitators should know about, please list them below:

\_\_\_\_\_

\_\_\_\_\_

Signed and dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Full name: \_\_\_\_\_ signature: \_\_\_\_\_

Contact No. / Cell No.: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact No. / Cell No: \_\_\_\_\_