



CONSENT AND INDEMNITY

I,

(FULL NAMES OF PARENT)

I.D. No:

Address:
.....
.....

the parent of

(FULL NAMES OF CHILD)

Born on:

I fully understand and accept that all activities undertaken by my child are at their own risk and undertake on behalf of myself, my spouse, my executors and my aforesaid child, to indemnify, hold harmless and absolve the Management and staff of Sugar Tots Pre-Primary and Duleen Estates CC. against any form of claims whatsoever, which may arise in connection with any loss or damage to the person or property of my aforesaid child during school hours. This waiver is unconditional and is given both in capacity as Father/Mother of the aforesaid child.

Signature:

Witness:

Date:

(Forms not signed by a witness will not be accepted.)