Crowies Place cc

2009/125805/23
147 Beaufort Street
Goodwood
7460

Email : info@crowiesplace.co.za
Cell : 082 046 5862

INDEMNITY AGREEMENT AND CONSENT FORM

FOR: Crowies Place CC
(Hereinafter referred to as "the Aftercare")

Child's Full Name: _____
Date of Birth: _____
Parent/Guardian 1 Full Name: _____
Parent/Guardian 1 ID Number: _____
Parent/Guardian 2 Full Name (if applicable): _____
Parent/Guardian 2 ID Number (if applicable): _____

Contact Details (Emergency):
Parent/Guardian 1 Cell: _____
Parent/Guardian 1 Work: _____
Parent/Guardian 2 Cell: _____
Parent/Guardian 2 Work: _____
Alternate Emergency Contact (Name & Number): _____

Medical Information:
Medical Aid Name: _____ Medical Aid Number: _____
Main Member Name: _____ Main Member ID No: _____
Allergies (e.g., food, medication, insect stings):
_____
Chronic Conditions (e.g., asthma, epilepsy, diabetes):
_____
Any other relevant medical history or special needs:
_____
Doctor's Name & Contact Number:

_____

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1. GENERAL INDEMNITY AND ASSUMPTION OF RISK

I/We, the undersigned Parent(s)/Guardian(s) of the above-named child, hereby acknowledge and agree that participation in activities at Crowies Place CC involves inherent risks. While the Aftercare undertakes to look after my/our child to the best of its ability and will exercise reasonable care and supervision, I/we understand that accidents and injuries can occur, notwithstanding such care.

I/We hereby indemnify and hold harmless Crowies Place CC, its owners, employees, agents, and volunteers (hereinafter collectively referred to as "the Indemnified Parties") from and against any and all claims, demands, actions, liability, losses, damages, costs, and expenses (including legal fees on an attorney-and-client scale) that may arise directly or indirectly from any injury, loss, or damage to my/our child or property, however caused, including but not limited to:
a. Any incident occurring on the Aftercare premises, including the use of any play equipment, specifically the jungle gym.
b. Any incident occurring during the collection of my/our child from Goodwood Park Primary School and their transit across Beaufort Street to the Aftercare premises, supervised by Aftercare staff.
c. Any act, omission, negligence, or gross negligence on the part of the Indemnified Parties, except in cases of willful misconduct.

2. MEDICAL TREATMENT CONSENT

2.1. **First Aid:** I/We grant permission for Aftercare staff to administer necessary basic first aid to my/our child in the event of minor injuries or medical emergencies on the premises or during transit from school.

2.2. **Emergency Medical Attention:** In the event of a serious injury, illness, or medical emergency where I/we cannot be reached immediately, or where immediate medical attention is deemed necessary by Aftercare staff, I/we hereby authorize Crowies Place CC staff to:
a. Seek and obtain any necessary emergency medical, dental, or surgical treatment for my/our child from a licensed medical practitioner or facility (e.g., doctor, hospital, ambulance service).
b. Transport my/our child, or arrange for the transport of my/our child, to the nearest appropriate medical facility.
c. Disclose my/our child's medical information provided above to medical personnel for the purpose of ensuring appropriate treatment.
I/We understand that I/we will be responsible for all costs associated with such emergency medical treatment and transport not covered by medical aid.

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3. ADMINISTRATION OF MEDICATION

I/We understand and agree that Crowies Place CC staff **will not administer any medication** to my/our child, **EXCEPT** for chronic medication, subject to the following strict conditions:

- Written authorization is provided by myself/ourselves, the Parent(s)/Guardian(s).
- Written authorization and clear instructions for dosage and administration are provided by a licensed medical practitioner.
- The medication is clearly labelled with the child's name and dosage instructions.

I/We indemnify the Aftercare against any and all consequences that may arise from the administration of such chronic medication as per these instructions.

4. OBLIGATION TO INFORM

I/We undertake to inform Crowies Place CC immediately in writing of any changes to my/our contact details, medical aid details, or my/our child's medical condition or allergies.

5. SEVERABILITY

Should any clause or part of this agreement be found to be invalid or unenforceable by a court of law, such clause or part shall be severed from this agreement, and the remainder of the agreement shall remain in full force and effect.

6. GOVERNING LAW

This agreement shall be governed by and construed in accordance with the laws of the Republic of South Africa

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ACKNOWLEDGEMENT AND CONSENT:

I/We confirm that I/we have read and understood the terms and conditions set out in this Indemnity Agreement and Consent Form, and I/we agree to be bound thereby. I/We confirm that all information provided herein is true and accurate.

Parent/Guardian 1 Signature:

_____

Date:

_____

Parent/Guardian 2 Signature (if applicable):

_____

Date:

_____