

# Kloofwaters Outdoor Centre

## (participant under 21 years)

This form must be completed by each adult attending a camp at Kloofwaters

Camp: \_\_\_\_\_ Dates: \_\_\_\_\_

### PERSONAL DETAILS

Full name(s): \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Health information that the staff at Kloofwaters should be made aware of (e.g. allergies, medical conditions and details of any medication that the participant is taking).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

In the event of an emergency, please contact:

Name	Relationship to participant	Cell	Landline

Person responsible for expenses: \_\_\_\_\_

#### ***If on Medical Aid:***

Name of medical aid: \_\_\_\_\_

Medical aid number: \_\_\_\_\_ Main member: \_\_\_\_\_

*Copy of medical aid card (both sides) and ID of main member to be attached.*

## CONSENT AND INDEMNITY

To be completed by parent / guardian of participant if under 21 years old

I, \_\_\_\_\_ (parent's full name and surname) the parent/guardian of \_\_\_\_\_ (full name and surname of camper) hereby state that:

1. I consent to my child attending camp at the Kloofwaters Outdoor Centre. I understand that the activities that my child may engage in while at Kloofwaters have inherent risks and dangers that could result in damage to property and injury to my child, including death. I consent to my child participating in such activities and agree to accept all risks to my child and his/her property involved in his/her attendance at camp, participation in such activities, and transportation to, from and around the camp.
2. I waive any and all claims that I may have against Kloofwaters, The Laburn Farm Trust and their employees or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they might be liable.
3. I indemnify Kloofwaters, The Laburn Farm Trust and their employees or agents against any claim which my child may make, or which may be made on behalf of my child, against Kloofwaters, The Laburn Farm Trust and their employees or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they might be liable.
4. I agree that my child will be bound by the Kloofwaters rules, and will obey any reasonable instructions issued by the accompanying school staff or the Kloofwaters staff. I authorise the school or Kloofwaters staff member under whose care my child is at the time to deal firmly with my child should he/she misbehave in any way. I further authorise them in the event of serious misconduct on the part of my child, to send my child home and I accept full liability for the cost thereof.
5. I authorise the camp director or a responsible member of the Kloofwaters staff under whose care my child is at the time to act in my place as parent with full authority to consent to my child undergoing any surgical or other medical treatment should this be or become necessary during the camp and should it not be reasonably possible to obtain my consent timeously. I acknowledge that I will be responsible for the payment of any medical, hospital or associated accounts that may be incurred by Kloofwaters in so doing.
6. I declare that my child is in good health. However, the person who is responsible should note any information recorded under 'Participant Information'.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

