

KIDSCAPE™
ADVENTURE CAMPS

Name of Child: _____

School: _____

Current Grade of Child: _____ Age of Child: _____

Home Language of Child: _____ Date of Birth: _____

Child's Home Address: _____

Child's Allergies/Illnesses/Diet: _____

Medication: _____

Child's Doctor's Name: _____ Tel No: _____

Medical Aid: _____ Number: _____

Emergency Contact Person: _____ Tel No: _____

Mother's First Name and Surname: _____

ID Number: _____

Telephone Numbers: (H) _____ (W) _____

(Cell) _____

Postal Address: _____

Code: _____

Father's First Name and Surname: _____

ID Number: _____

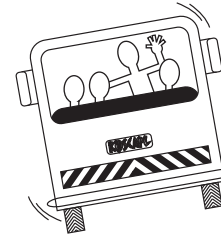
Telephone Numbers: (H) _____ (W) _____

(Cell) _____

Postal Address: _____

Code: _____

Email Address: _____



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INDEMNITY FORM

We, the undersigned _____ and _____ being the parents/guardians of _____, absolve and waive any claims against "Kidscape" and / or any persons managing or connected with "Kidscape" for any loss or damage to any property by act of omission sustained by injury, howsoever arising, to the said child's person or property or that belonging to any other party whilst the child attends the Kidscape holiday Camp or while the child is being transported to or from any destination in terms of the Camps programmes.

We hereby designate, constitute and appoint Mr G Hochschild and or anyone appointed in his stead by him, to act 'in loco parentis' on our behalf, and in his sole and absolute discretion should it be necessary, to procure medical or any other assistance on the child's and our behalf, and at our sole expense.

DECLARATION

We accept that the nature of the adventure course entails specific risks and we realise that our child will undertake all the adventure activities entirely at his/her own risk. We absolve Kidscape Adventure Camps and, or any member of their staff or associates, of any liability resulting from reasonable conduct by them.

_____ and _____
Signatures of Parents/Guardians

Date

Witness Date