



TREVERTON
WHERE EDUCATION AND ADVENTURE MEET

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Prep, College & Gap Years

OPEN WEEKEND CONSENT & INDEMNITY FORM

I, _____, Parent/Guardian give consent for my child/ward _____, Date of Birth _____ to participate in the Treverton Open Weekend as arranged on the _____ and _____ of _____ 2019 inclusive.

I fully understand and accept that this open weekend shall be undertaken at my child's/ward's own risk and I undertake on behalf of myself/my executors, my spouse and my child/ward aforesaid, to indemnify, hold blameless and absolve Treverton against and from, any or all claims whatsoever that may arise, in connection with any loss of, or damage to property, or injury to the person of my child/ward aforesaid in the course of the weekend.

I/we confirm that my child/ward shall abide by the instructions of those in charge of the open weekend, is physically fit to participate and has no pre-existing injury/medical condition which would exclude them from participating in the activities on the Open Weekend.

I/we have discussed these risks and conditions and they are acceptable to us.

Signatures of Parent / Guardian required:

- 1. _____ Date: _____
- 2. _____ Date: _____

In the event of an emergency, to ensure the fastest possible action, please fill out the following details:

Doctor's name and telephone number: _____

Parent's name and telephone number:

- 1. _____ Contact: _____
- 2. _____ Contact: _____

Medical Aid Scheme : _____ Plan : _____

Medical Aid Number : _____

Principal Member : _____