



**TREVERTON**  
WHERE EDUCATION AND ADVENTURE MEET

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*Prep, College & Gap Year*

**OPEN WEEKEND CONSENT & INDEMNITY FORM**

I, \_\_\_\_\_, Parent/Guardian give consent for my child/ward  
\_\_\_\_\_, Date of Birth \_\_\_\_\_ to participate in the Treverton Open Day Sleepover as  
arranged on the \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ 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.

If your child/children are receiving transport to and/or from the Open Day Sleepover, please indicate below, who you have given permission to, to provide said transport and that you hereby confirm by signature below, that these transport plans have been made by you as the parent/guardian and take full responsibility thereof.

Permission granted to \_\_\_\_\_ Contact: \_\_\_\_\_ to transport my child/ward **to** the Open Day Sleepover.

Permission granted to \_\_\_\_\_ Contact: \_\_\_\_\_ to transport my child/ward **from** the Open Day Sleepover.

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 : \_\_\_\_\_