CONSENT AND INDEMNITY

LEARNERS UNDER LEGAL AGE

NATURE CONNECT
Changing lives through nature

I, the undersigned _____ (full names), identity number _____, mother/father/natural guardian (delete whichever is not applicable) of _____ (full names of child/learner), hereby indemnify Nature Connect and the City of Cape Town (the City), its Council, Council members, staff members, officials and other persons authorised by the City or Nature Connect against any loss, expenses, damage, injury of whatsoever nature, or death, suffered by me or my child (to our person or property) as a result, directly or indirectly, which may come about of his/her visit on _____ (insert date of visit) to a nature reserve/Centre or reserves owned or managed by the City or Nature Connect. The indemnity extends to any activities which he/she may take part in during such a visit as well as being transported in a motor vehicle belonging to the City or Nature Connect and/or any other motor vehicle under the control of an employee or person authorised by the City or Nature Connect, whether authorised or not and in which my _____ (add in relationship e.g. child, sister) is a passenger.

I warrant that I am authorised to give this indemnity in my capacity as parent and/or legal guardian of the said child.

I accept the following conditions:

1. My child shall abide by any lawful instruction given by those in charge of the visit and has been made aware of the code of conduct.
2. My child is physically fit and has no recent serious illnesses.
3. I shall inform those in charge of the visit if my child has any known allergies, takes any medication, or any other relevant information regarding my child's health of which they should be aware.
4. My child may be excluded from an activity if he/she does not have the appropriate risk prevention gear recommended via a checklist on booking (sunhat, closed shoes, sunscreen etc.).

I hereby authorise the nature reserve or the person in charge of the visit, where it is impossible to communicate with me, to allow my child to receive such medical attention and/or treatment as the person in charge or medical practitioner deem necessary at the time. I further authorise the use of an ambulance if necessary. I accept full responsibility for payment of all expenses associated with such treatment or any further medical attention and/or treatment that may be required.

Allergies/ medications, other health issues of child: _____

If child has a medical aid, please provide the name: _____

And number: _____

Emergency contact person: _____

Emergency contact number: _____

Signed at Cape Town on the _____ day of _____20___.

_____ _____ _____

PARENT/GUARDIAN (WITNESS 1) (WITNESS 2)