



INDEMNITY / DIETARY REQUIREMENTS / ALLERGIES / MEDICAL CONDITIONS

I, the undersigned _____ parent / legal guardian of
_____ (Person attending the camp, here-after referred to as "camper")

hereby declares as follows:

1. With this indemnity form, I exempt Camp NELU (2004/042603/23), or any represented member, any member employed, and also the owner of the property or any other responsible person involved with above mentioned activity as offered by Camp NELU, with regards to any claims, actions, or costs claimed from them in the case of any injuries, loss, damage, expenses or medical costs incurred by the camper, as a result of this camp.
2. I declare that the camper is medically fit to attend the above-mentioned camp, and that he/she does not pose any threat or risk to either him/herself or the other campers. Should any medical condition exist, I undertake to fill it in on the camper's medical form, and to send all necessary medication and/or treatments with the camper on the above-mentioned camp.
3. I am aware that the camp is at the camper's own risk, and I undertake to inform and instruct him/her that he/she should immediately notify a responsible person should any circumstances/conditions during the course of the camp change in such a way that it poses a danger to the camper's health and/or safety.
4. I furthermore exempt the parties as mentioned in paragraph 1, should any claim/action or exhortation be instituted against any such party because of action or neglect on the side of the camper, if such action caused damage to a third party or persons.
5. Should the camper make use of any transport other than its own, either to or from the camp premises, or during the camp, I exempt any parties as described in paragraph 1, as well as the owner and/or driver of the mentioned involved vehicle.
6. I authorize the camp leader or any other first-aid qualified members of staff, to perform first aid medical treatment at the camp should it become necessary. I furthermore authorize the camp to give permission to a hospital or medical doctor to perform any necessary treatment in the case of an emergency. Should any medical cost be incurred, it is and will be the responsibility of the parent/legal guardian.

I hereby certify that I have read and understand all the details of this indemnity form.

Signed at _____ on this _____ day of _____ 20_____

Parent / Legal Guardian

Camper

_____ (Telephone number of parent/legal guardian in case of emergency)

_____ (Medical Aid Scheme) _____ (Membership number)

_____ (ID number of Main Member)

DIETARY REQUIREMENTS / ALLERGIES / MEDICAL CONDITIONS:

