



**Tshepo-Lesedi Learning Academy**

Where there is light there is hope

*“Where there’s light there’s hope”*

9 Rhokana Avenue, Selcourt, Springs 1560

Contact: 084 015 9286

Registration number - 700401258

Email: tshepolesedi8@gmail.com

**INDEMNITY AND WAIVER**

While your child/ren's safety is a Priority at school an devery effort is made to keep the child/ren safe, the school, teachers and staff are not responsible for any Loss or Damage to property, or injury to any person/s attending school and is on the premises, be it directly or indirectly.

I/we, \_\_\_\_\_ (Full Name & Surname) hereby indemnify Tshepo Lesedi Learning Academy, it's Principal, teachers and staff against any liability and waive any claims which may be instituted in relation to any personal injury of any kind whatsoever which may emanate from participation in all, some or a combination of the following activities, which may be presented under the supervision and control of an educator or his/her assignee.

Sport activities, Cultural activities, Educational visits and any other activity presented by the school.

Excursions/Visits to places such as museums, townships, nature reserves, etc. as well as transportation

We acknowledge the high risk attached to participation in these activities and hereby further indemnify the school against any liability and waive any claims against the school, which can or maybe instituted by me as a parent/s, child/ren, a family member or any other dependant in case of death, personal injuries, of disabilities sustained from or as a result of voluntary participation in above mentioned activities.

I/We confirm that \_\_\_\_\_ (Learner's Name & Surname)

Suffer from the following disability/ies \_\_\_\_\_  
\_\_\_\_\_

Suffer from the following allergies \_\_\_\_\_  
\_\_\_\_\_

**The following details are important in case of medical treatment or hospitalization:**

Name & Number of Medical Aid \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_