

Aftercare Indemnity Form

1. I, the undersigned _____
Parent or Legal Guardian of _____
hereby declare that my child, _____
attends the Stellenbosch Waldorf School, Class _____
2. On behalf of my child as his/her parent/guardian and on behalf of myself, I hereby indemnify the Stellenbosch Waldorf School from any liability for any accidental loss of and damage to property, injury to or illness contracted by my child, arising from any cause whatsoever, during attendance at Aftercare.
3. I undertake to safeguard the Stellenbosch Waldorf School against all claims from other parties as a result of an injury to or an illness of my child, or on account of anything that my child does or neglects to do during his/her attendance at Aftercare.
4. Parents/Guardians are responsible for any medical costs as a result of accidental injury.

PARENT SIGNATURES:

1. _____
FATHER / GUARDIAN DATE SIGNED _____
2. _____
MOTHER / GUARDIAN DATE SIGNED _____

WITNESS SIGNATURES:

1. _____
NAME DATE SIGNED _____
2. _____
NAME DATE SIGNED _____

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