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cc. no: 2005/034556/23

MEDICAL INFORMATION & INDEMNITY FORM

CHILD'S NAME: _____

DATE OF BIRTH (& AGE): _____(____)

HOME ADDRESS: _____

EMAIL: _____

MEDICAL AID SCHEME: _____

MEDICAL AID NUMBER: _____

NAME OF PRINCIPAL MEMBER: _____

DOCTOR'S NAME AND NUMBER:

EMERGENCY CONTACT NAME & NUMBER:

MOM: _____ DAD: _____

ALLERGIES/MEDICATION: _____

CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I _____, parent/guardian of
_____, would like my child/children to attend the Adventure
Programme with Jonginenge.

I am aware of all the risks, hazards and uncertainties connected with his/her participation in the excursions,
and understand that every precaution will be taken to ensure the safety of my child at all times. I therefore
will not hold Jonginenge, or the facilitators in charge, responsible for any injury incurred by
my child.

Signed: _____ Date: _____