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## INDEMNITY FORM

SCHOOL: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ (name and surname), identity number \_\_\_\_\_ hereby consent that my child/ward \_\_\_\_\_ (full name and surname of participant) may participate in the Revue 2024 competition and recording, and may be transported there and back. The child/ward's participation takes place at Carnival City \_\_\_\_\_.

I accept that all reasonable precautions will be taken for the safety and well-being of my child and that I will be held responsible for the payment of medical and/or hospital bills, if applicable, in the event of an injury not attributable to the negligence of cannot be attributed to the responsible personnel.

I hereby indemnify Lefra Productions, Carnival City, a possible broadcaster and their employees (which includes independent contractors engaged in service delivery, staff, officers, organizers, presenters and judges or any other such person involved in the coaching, organisation and arrangements of any school activities) against any claims relating to injury, death or damage (which includes consequential damage and theft), which may be suffered by said participant during the transport to / or from the activities or during the period in which the activities are offered.

I acknowledge that the organiser, school, the responsible school staff and helpful members of the school community are not liable for any claims due to death or injuries or any damage or loss that may arise from my child's participation in any school activities, whether curricular or extracurricular, of whatever nature and arising from whatever cause.

I transfer my powers as parent/guardian to the head of the school or his representative if medical treatment/surgical intervention may be necessary for my child. As far as I know, he/she is in good health.

The following information is essential in case of medical treatment or hospitalisation:

**NAME OF MEDICAL AID:** \_\_\_\_\_

**MEMBERSHIP NUMER:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**TEL:** ( ) \_\_\_\_\_ **CELL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**MEDICAL CONDITIONS OF  
PARTICIPANT (ALLERGIES,  
ETC.):** \_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

\_\_\_\_\_  
**NAME: GUARDIAN**

\_\_\_\_\_  
**DATE**