

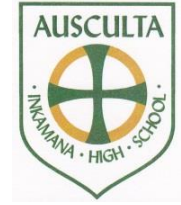
INKAMANA HIGH SCHOOL

Private Bag x9333
VRYHEID 3100

Telephone: 076 371 5499

E-mail: principal@inkamana.org

Incorporating: St Scholastica's Girls' and St Joseph's Boys' Hostel



INDEMNITY DECLARATION

I / We (Full Name and Surname) _____

the parents / legal guardians of _____

(learners full name and surname) in grade _____ with student number _____ in 20_____.

1. Consent to the learner participating in the activities of Inkamana High School, whether conducted on or off Inkamana property, including but not limited to, games, cultural, social and sporting activities, including contact sport, excursions of vocational educational, social, sporting or general interest which may entail some risk of physical injury.
2. Consent to the learner travelling to and participating in school activities and programmes outside IHS subject to IHS taking reasonable care to avoid harm and save for any gross negligence on the part of IHS its employees or hostel staff. We hereby indemnify IHS and / or their staff or employees in respect of loss or damage whether to person or property of the learner, which may be sustained by the learner whilst on IHS property or under IHS control during any school excursion, activity or outing.
3. I / We acknowledge that IHS will not be responsible for any theft or loss of, or damage to destruction to any property of whatever nature (including school clothing, sporting equipment, books or any other personal possessions) brought onto IHS property or to any school excursion, activity or outing, unless IHS or its staff are in possession of the property either because –
 - 3.1 IHS or its staff treated that property as their own; or
 - 3.2 IHS or its staff did not exercise the degree of care, diligence and skill that can reasonably be expected of a person responsible for managing property belonging to another person, when handling, safeguarding or using the property.
4. I / We acknowledge that in certain situations there may be insufficient time to contact parent(s) or guardian(s), or to refer to Medical Records, and consequently I / We authorise IHS representative to utilise the most appropriate medical service available. I / We therefore delegate to the Principal, or her representative, the power to authorise whatever medical treatment that he / she in their sole discretion deems necessary for the learner, and in so doing so agree that the Principal and / or her representative should act in loco parentis (with the same authority as a parent / guardian)
5. I / We agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of the learner's enrolment for one year at IHS.
6. I / We hereby give / do not give Inkamana High School permission to use any still and / or moving image being video footage, photographs and / or frames and / or audio footage depicting my / our

child named above, taken by any employee / community member of Inkamana High school and Inkamana Abbey on behalf of Inkamana High School, for any of the following uses:

- Marketing, leaflets, brochures or any use such as for educational or publicity purposes;
- On the Inkamana High School Website.

7. I / We have read and understood the IHSs Code of Conduct, in particular the section in regards to drug testing and we understand the necessity for random drug testing for learners attending the school. I / We on behalf of our dependant, acknowledge that the implementation of this section will involve the urine testing of said dependant on a random basis. I / We hereby give our consent thereto.

Dated at _____ on this _____ day of _____ 20_____

Parent / Guardian

Parent / Guardian

Witness

Witness

Witness Full Names and Surname

Witness Full Names and Surname