



DEED OF INDEMNITY

Valid for 12 months from signature

Entered into between ASTROPLEX ACADEMY Registration Number?? And _____

Guardian's Name: _____ (hereinafter known as the Guardian)

WHEREAS the Guardian warrants that he/she is or has been duly authorised to act as the Legal Guardian of the minor child _____ (hereinafter referred to as the Child)

AND WHEREAS the Parties have agreed that ASTROPLEX ACADEMY will act as coach and supervisor in the sporting activities as envisaged by the Parties, including but not limited to training required for participation in various sporting activities in general and, more specifically the sport/s on offer, eg: SOCCER, NETBALL AND CRICKET("the sporting activities").

AND WHEREAS the Guardian confirms that the Child's participation in the sporting activities is entirely voluntary and accepts all risks involved therein and that accordingly ASTROPLEX ACADEMY and/or any ASTROPLEX ACADEMY employee shall not be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by the guardian (person or property) or to the Child as a result, directly or indirectly, from participating in the sporting activities and ASTROPLEX ACADEMY and/or any ASTROPLEX ACADEMY employee shall not be liable for any loss and/or damage (including indirect or consequential loss and/or damage) arising therefrom.

And WHEREAS the Guardian agrees to grant an indemnity to ASTROPLEX ACADEMY in terms of and to the extent of the agreement as set out herein notwithstanding that every precaution will be taken for the safety and welfare of the child and for the care of his property and/or possessions.

NOW THEREFORE IT IS AGREED:

INDEMNITY:

The Guardian hereby indemnifies and holds ASTROPLEX ACADEMY harmless against liability for any prejudice, injury, harm, loss, damage or death that may be suffered by the child, and/or such damages, costs and expenses that may otherwise arise or be attributable to ASTROPLEX ACADEMY as a result of the child's participation in the sporting activities referred to above which shall include an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalisation as well as any loss of or damage to the child's property and/or possessions .

I request that the designated person employed by ASTROPLEX ACADEMY in charge of the particular sporting activity in which the child is to participate, be appointed to be in charge of the child and act "in loco parentis"(in the place and stead of a parent)during the course of the sporting activities.

This indemnity shall remain of full force and effect as between the parties for a period of 12 months from date of signature hereof in relation to all or any sporting activity in which the child shall partake in the said 12 month period, it being the parties' express intention that it shall not be necessary for them to sign a separate indemnity in respect of each and every coaching program attended by the child in such period.

OTHER :

The Guardian grants permission to ASTROPLEX ACADEMY to utilise photographs of the child obtained at any of the sporting activities on social media as well as in any advertising material that ASTROPLEX ACADEMY utilises in order to promote its brand; provided that same shall relate solely and exclusively to the specific sporting activity/coaching programme in which the child has participated.

DETAILS FORM

Child Name:	
Age:	
Sport:	
School:	
Parent Name:	
Contact Numbers:	Cell: Home: Work:
Email:	

MEDICAL INFORMATION

1. The child suffers or has suffered from the following illnesses/allergies: (please circle)
Epilepsy, Petimal, Grandmal, Irritable Bowel Syndrome, ADD, Penicillin, Bee Stings. Children who suffer from Epilepsy, Diabetes, Asthma on Treatment and significant allergies must supply a certificate from their doctor describing the status and control of their condition.

2. The child is on the following medication:

3. My medical aid details are as follows:

Medical aid: _____ Membership Number: _____

4. Please state any other relevant information:

I _____ (Name)
of _____ (Address)

further declare that the information on this form is correct to the best of my knowledge and understand that failure to disclose relevant information may invalidate inclusion of the child in the sporting activities.

SIGNED at _____ this _____ day of _____

_____ GUARDIAN