



A.O.T. KIDZ BIRTHDAY PARTY INDEMNITY FORM

Birthday Child's Name &
Surname: _____

Age: _____

Parent / Guardian Name:
(taking full responsibility for
each child attending the
birthday party) _____

Cell Number: _____

Address: _____

Emergency Contact Person: _____

Emergency Number: _____

Medical Aid: _____

Medical Aid Number: _____

I, not being an authorised officer of Adventure Obstacle Training or Northlands Primary School (hereinafter referred to as THE SERVICES) do hereby warrant, record, acknowledge and undertake: 1. That I have made application to participate in or be associated with the activities or undertakings of THE SERVICES and/or its duly authorised officers, agents or employees. 2. That all children and participants' general health is good and there is nothing that renders any unfit to participate in or be involved with THE SERVICES activities or undertakings or to give this indemnity. 3. That I am fully aware of and understand that in entering into any relationship with THE SERVICES, whether contractual or otherwise, I may be exposing myself and all participants to the risk or possibility of danger, harm, damage or injury to my person or property arising from THE SERVICES activities or undertakings, which, by my signature hereto, I acknowledge myself to be fully aware of. 4. That I voluntarily and with full knowledge of the meaning and effect hereof, assume any and all risks or dangers whatsoever which may be inherent in, arise from or be associated with THE SERVICES, wherever they may arise. I, together with my heirs, executors, administrators or assigns, also declare that I hereby release THE SERVICES, or any of its members, officers, servants or agents from any duty or care towards me in connection therewith. I hereby indemnify and hold them harmless from any liability whatsoever from any and all claims which otherwise have accrued to me or my heirs, executors, administrators or assigns arising from my participation or association with any such activities or undertakings, whether or not any such claim or claims may arise through negligence of any person or from any of the risks, danger or hazards occurring in the course of my association with THE SERVICES.

I, _____, have read and understood the above indemnity.

Parent / Guardian Signed: _____

Date of Party: _____