

INDEMNITY FORM FOR THE YOUTH MINISTRY **AT ST MATTHEWS**

NAME OF CHILD: _____

AGE OF CHILD: _____

PARENT OR GUARDIAN'S NAME: _____

TEL NO: _____ CELL NO: _____

ADDRESS: _____

ANY MEDICAL CONDITIONS: _____

ANYTHING WE NEED TO KNOW ABOUT YOUR CHILD/REN:

SIGNATURE OF PARENT/GUARDIAN: _____

- Indemnity
 - Yes - I agree to the terms and conditions below

INDEMNITY FORM - FOR ATTENDEES UNDER 18 YEARS OLD

I have read and accepted the conditions listed below. The Youth Ministry is a ministry of St Matthews Church, Table View. For further information, please call Colin on 083 324 3143 or email him at colin@stmatthews.co.za. The parent, or guardian, by ticking the check box above warrants that he/she has read and understood and agrees to the terms and conditions below:

The participant named has my permission to engage in all activities at St Matthews Church. Although I understand that every care is taken to ensure his/her safety, I am aware that attendance at church or outside of the church is at their own risk. I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, or personal effects belonging to my child. I also authorise the church to administer appropriate First Aid and to arrange for medical treatment or hospitalisation in case of any emergency.