

# ABUNDANT LIFE INDEMNITY FORM

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I, \_\_\_\_\_

(full names)

Address: \_\_\_\_\_

\_\_\_\_\_

The parent/guardian of \_\_\_\_\_

Hereby I grant my son/daughter to attend all tours and outings that has been arranged by the Abundant Life Evangelistic Group.

I understand and accept that all tours and outings will be attended at their own risk, and I understand that the Seventh Day Adventist Church, the Dundee Church and its members on my behalf, my executor, my wife/husband and child, as mentioned, will not be held responsible for any action in connection with damage caused to the property of the before mentioned child during such tours and outings, provided that the leader and the committee has undertaken all precautionary measures to ensure the safety of the child.

Abundant Life has contracted with Netcare 911 and in case of any accident resulting in medical emergency while on tour, their services will be called upon.

Abundant Life does however not have any medical cover for sickness and therefore we would like to bring it to your attention that all medical costs of the child are the parents' responsibility.

\_\_\_\_\_  
Signature: Parent/Guardian

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**(Print out and fax it to: 086 274 5585)**