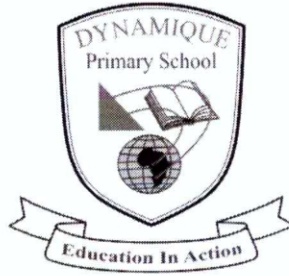


Dynamique Primary School

P.O. Box 949
Groblersdal
0470



Tel: 013 285 0198

Fax: 086 540 1588

Email:

principal@dynamiqueprimary.co.za

admin@dynamiqueprimary.co.za

finance@dynamiqueprimary.co.za

INDEMNITY FORM

My son / daughter _____ in Grade _____ has
my permission to attend the school excursion to _____
on _____.

I authorise the teacher in charge of the excursion or tour to consent, where impractical to communicate with me, to my child receiving medical treatment as may be deemed necessary. I supply the following relevant details:

1. Any physical limitations / medical conditions: _____
2. Medical Aid: _____
3. Medical Aid Number: _____

I further confirm that I will not hold Dynamique Primary School, and / or the Management and / or the teachers responsible for any loss, damage and / or injuries suffered directly or indirectly by my son / daughter during or as a result of the trip unless such loss, damage and / or injury was caused and / or contributed to by the negligence of Dynamique Primary School and / or the Management and / or the teachers.

Initials and surname: _____ Cell Phone No.: _____

Address: _____

Signed: _____ Date: _____