



KWAZULU NATAL FREE STATE CONFERENCE ADVENTIST YOUTH SOCIETY INDEMNITY FORM



“SALVATION AND SERVICE”

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Adventist Youth Name: _____ Birth date: _____ Age: ____ Grade: ____
 Parent(s) Name(s): _____
 Address: _____
 _____ Code: _____
 Home Phone: (____) _____ Emergency Phone Number: _____
 Mother's Cell No: _____ Father's Cell No: _____
 Church: _____ School's Name: _____

NAME OF THE PASTOR: _____
 NAME OF THE SOCIETY: _____
 NAME OF THE PERSON GOING WITH THEM: _____
 MODEL OF THE TRANSPORT: _____
 NUMBER OF CLUB MEMBERS GOING: _____
 ADDRESS OF THE VENUE IF POSSIBLE: _____
 LOCAL/DISTRICT/REGIONAL/CONFERENCE EVENT INDICATE: _____

I, the parent/guardian of _____ hereby give my consent for my child/ward to attend _____ and participate in its activities.

I undertake to indemnify, hold blameless and absolve the Seventh-day Adventist church in all its levels and event organizers against and from any claim whatsoever that may arise in connection with the loss of or damage to the property or injury to the person of my child or myself aforesaid for the duration of the event dated _____, in the knowledge that the Organizers and leaders will nevertheless take all reasonable precautions for the safety and welfare of my child.

 Signature of Parent(s) / Guardian(s)/Myself

Witnesses: 1. _____

2. _____

Date: _____