

UNIVERSITY OF KWAZULU-NATAL

CONSENT AND INDEMNITY

We, the undersigned (print full name of student)

Student No.: Degree.....Identity No.:.....

AND (IF THE STUDENT IS UNDER THE AGE OF MAJORITY)

Name of Parents/Guardian:

Father. ID:

Mother ID:

Do each of us agree that: Name of Student:

Participate in the activities of the University of KwaZulu-Natal, whether conducted at the University or extramurally including, but not limited to, studies, field trips, games, athletics, tours and excursions of general vocational, educational, historical, social or scientific interest, on the following conditions:

- 1. We fully understand and accept that participation in all such activities will be at our own risk.
2. We hereby authorise the University and its employees or agents to act on our behalf in respect of any circumstances pertaining to any accident or illness arising from, during, or in connection with such activities in the manner that the University, its employees, and agents in its absolute discretion deems fit. We fully accept full liability for all expenses incurred thereby or in connection therewith.
3. On behalf of ourselves, our heirs, and executors we hereby undertake to and hereby do, indemnify, absolve and hold harmless the University, its officers, its employees, agents, any person(s) acting on its behalf, or invitees against any loss in respect of all claims, proceedings, damages, costs and expenses whatsoever that may arise in the course of, or in connection with, such activities, howsoever arising, and whether as a result of negligence or otherwise.
4. I further undertake to comply with any rule or regulation relating to safety and/or the University's obligations under the Occupational Health and Safety Act or similar legislation as well as any reasonable instruction by any official of the University relating to the foregoing.
5. This indemnity will operate as a continuing indemnity and cover all periods of attendance as a student of the University.

SIGNED ATON THISDAY OF.....20.....
AS WITNESSES

1..... SIGNATURE OF STUDENT

2..... DULY ASSISTED BY PARENT/GUARDIAN

SIGNED ATON THISDAY OF.....20.....
AS WITNESSES

1..... SIGNATURE OF PARENT/GUARDIAN

2..... SIGNATURE OF PARENT/GUARDIAN