

GENERAL IRREVOCABLE INDEMNITY AND CONSENT – ELDAMAH ACADEMY

I/we, the undersigned parent/legal guardian of _____, a duly enrolled pupil at Eldamah Academy, hereby grant the Academy full, unconditional, and irrevocable authority and consent to transport my child to and from any school-related event, including but not limited to sports, cultural, academic, or other similar functions and activities.

I/we acknowledge and accept that photographs of my child may be taken during these events and used by the school for official purposes, including promotional or educational materials.

I/we, further indemnify and hold Eldamah Academy, its staff, representatives, and affiliates harmless against any claims for damages — whether of a financial or non-financial nature — that may arise due to injury, illness, or death of the pupil during such transportation or participation in any of the aforementioned events. This indemnity extends to any claims from myself, the pupil, our heirs, dependents, successors, or any other third parties.

Protection of Personal Information (POPI) Act Consent:

- I/we consent to the collection, storage, and regular updating of our personal information, as well as that of the pupil, by the school.
- I/we further consent to this information being shared with authorized representatives of the school for legitimate, lawful purposes only.
- I/we acknowledge and agree that the information provided may be verified and updated as necessary by the school or its appointed representatives.

Declaration by Parent/Legal Guardian

I, _____, the parent/legal guardian of the abovementioned pupil, declare that I have read and understood the content of this document. I accept its terms as binding and confirm, by signing below, that this indemnity and consent shall remain in effect for the duration of my child's enrolment at Eldamah Academy.

Signed at _____ on this _____ day of _____, 20_____

As Witness:

Signature of Parent/Legal Guardian:

Initials and Surname (Parent/Guardian): _____

Contact Information

Residential Address: _____

Medical Aid Provider: _____

Medical Aid Member Number: _____

Contact Number: _____