

# SIMONSBURG CHRISTIAN CENTRE

P.O Box 21 Elsenburg 7607. Tel: 021 8844572. Fax: 021 8844315. Email: [office@simonsbergccc.co.za](mailto:office@simonsbergccc.co.za)

## Christian Camp and Adventure Ministry Centre "Life, Hope and Growth"

### Simonsberg Christian Centre Indemnity Form

If Simonsberg Christian Centre staff or the use of any of the Campsites equipment are involved in your program in any way or if Simonsberg staff are running the entire program for your group please ensure each person in your group has signed the indemnity form below. Incomplete or nonexistent indemnity forms for individuals will result in that person being excluded from activities and the use of equipment for the duration of your camp with no liability to Simonsberg.

Please bring the completed indemnity with you on your camp and hand it to the person on duty upon your arrival.

Group Name (Name booked under).....

Camp Dates: From.....to.....

Simonsberg Christian Centre and its appointed representatives will take every precaution for your safety during your stay. Please note that there is an inherent risk involved in all activities run by Simonsberg and through the use of its accommodation and catering facilities as well as both indoor and outdoor activities and program facilities.

Simonsberg Christian Centre operates on a challenge by choice philosophy and all persons using the site and its associated activities do so voluntarily and at their own risk.

Simonsberg Christian Centre, the Uniting Presbyterian Church of South Africa, its staff and volunteers assume no liability for any accident, injury, personal loss or death through any cause whatsoever.

### **Indemnity**

I.....(person attending camp) and my parents/ guardians do hereby indemnify Simonsberg Christian Centre, the Uniting Presbyterian Church of South Africa, and any of their officials, employees, or representatives against any loss, damage, injury, or death caused to any person or property for whatever reasons or cause, either directly or indirectly whilst on the property and/or under the care Simonsberg Christian Centre.

I as the parent/ guardian of the above named person do hereby authorise Simonsberg Christian Centre to take the appropriate First Aid response and to contact and/or transfer the above mentioned person to the relevant doctors, ambulance services and hospitals in the event of an emergency. All medical costs will be for my own account.

Parent/ Guardian Signed: \_\_\_\_\_

Parent/ Guardian Name (please print clearly): \_\_\_\_\_

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

Contact person and tel. number in case of emergencies: Name \_\_\_\_\_

Tel/Cell number \_\_\_\_\_

Doctors Name and Telephone Number: \_\_\_\_\_

Medical Aid details: \_\_\_\_\_ Medical Aid number \_\_\_\_\_

Please list any medical or dietary conditions that may be applicable to you attending a camp at Simonsberg: