



# SIZANANI MENTORSHIP PROGRAMME

## Indemnity form

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To be signed by **PARENT/GUARDIAN**

I.....parent/legal guardian  
of .....(minor child) fully  
understand and accept that all career field trips, tours, excursions and associated activities  
shall be undertaken at my child's own risk and I undertake, on behalf of myself, my executors  
and my minor child to indemnify, hold harmless and absolve SIZANANI MENTORSHIP  
PROGRAMME and its authorised representatives against and from any or all claims  
whatsoever that may arise in connection with any loss or damage to the property or death or  
injury to my minor child in the course of such career field trip, tour, excursion and associated  
activities, in the knowledge that SIZANANI MENTORSHIP PROGRAMME and its authorised  
representatives will, nevertheless, take all reasonable precautions for the safety and well-  
being of my minor child.

.....  
Signature of Parent/Legal Guardian

Signed (DD) ...../(MM)...../2020 at (Place) .....

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**SIZANANI MENTORSHIP PROGRAMME (registration number 129-984)**

St Mary's school, 55 Athol Street, Waverley 2037

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