



# SAGEWOOD SCHOOL

Educating the Whole Child

## SWIMMING INDEMNITY

I, \_\_\_\_\_, parent / guardian of \_\_\_\_\_ (hereinafter referred to as the "learner") in the \_\_\_\_\_ group hereby acknowledge that the learner will be undertaking a dangerous and hazardous activity and appreciate and am fully aware of the dangers and risks that are associated with swimming.

I hereby waive all claims of whatsoever cause or nature howsoever arising against Sagewood School or its employees which I might have arising out of any harm or injury, death, or loss suffered arising out of the use of Sagewood School's swimming pool and pool area and whether arising from any act of commission or omission on the party of those hereby indemnified or anyone of them.

I hereby indemnify and hold harmless and free Sagewood School and its employees from any and all claims of whatsoever cause or nature which may arise on behalf of the learner or relatives and/or persons accompanying me or the learner to Sagewood School's swimming pool whether as my invitee otherwise or at all who suffer injury or loss arising out of the use of Sagewood School's swimming pool and pool area and whether arising from an act of commission or omission on the part of those hereby indemnified or anyone of them.

In the event of injury the owners/management/servants/employee's of Sagewood School may at its discretion and without prejudice and without admission of liability arrange and pay for emergency medical treatment for and on behalf of any learner or guest.

I expressly agree that this indemnity is intended to be as broad and inclusive as permitted and that if any portion of this indemnity is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read this indemnity, I know and understand the contents of this Indemnity and I sign this indemnity as my own free act.

SIGNED BY THE APPLICANT AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN)

### Witnesses

1 \_\_\_\_\_

2 \_\_\_\_\_

The Sagewood Foundation t/a Sagewood School, Registration Number: 1991/003134/08

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Directors: C Edmondson, A. Kale, L.E.J. Lapan, K.C. Motshabi, J.J. Patel\*

\* Executive

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Registered with the Independent Schools  
Association of Southern Africa

# CENTURION SWIMMING & AQUA CENTRE

Cnr LENCHEN & MIGMATITE  
ZWARTKOP x 8  
CENTURION

*Centurion Swimming  
& Aqua Centre*



Tel/Fax: 012 663 6035

Cell: 082 4636525

## SWIMMING LESSONS

## ENTRY FORM

### SWIMMERS INFORMATION:

SURNAME: \_\_\_\_\_ PUPILS FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF ENTRY: \_\_\_\_\_

BOY: \_\_\_\_\_ GIRL: \_\_\_\_\_

CHILD'S MEDICAL HISTORY: \_\_\_\_\_

ANY OTHER INFORMATION THE SWIMMING INSTRUCTOR/COACH MUST KNOW ABOUT?

### PARENTS INFORMATION:

MOTHERS FIRST NAME: \_\_\_\_\_ FATHERS FIRST NAME: \_\_\_\_\_

I.D NUMBER: \_\_\_\_\_

I.D NUMBER: \_\_\_\_\_

TEL (H): \_\_\_\_\_

TEL (H): \_\_\_\_\_

TEL (W): \_\_\_\_\_

TEL (W): \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

ST. ADDRESS: \_\_\_\_\_

ST. ADDRESS: \_\_\_\_\_

I \_\_\_\_\_ hereby certify that I have read and understand the terms & conditions of the rules & regulations & agree to be bound thereby.

I hereby waive any claim which I may have against Centurion Swimming & Aqua Centre, Elmarie van Dyk or any of her employees for any damage, sustained by any person which may arise in connection with the tuition of swimming lessons or the Centre transporting your child to and from the Centre, whether such damages arises as a result of theft, loss of life, bodily injury or any other cause whatsoever. This waiver is unconditional and is given both by my personal capacity and in my capacity as a father/mother/or natural or legal guardian of any minor concerned.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_