

# HOËRSKOOL PUNT POINT HIGH SCHOOL

Tel: [044] 691 2247 / 691 2274  
082 563 1747  
www.pointhighschool.co.za

Faks: 044 691 3179  
Email: hspunt@mweb.co.za  
PO Box 266 Mossel Bay 6500



## TOESTEMMING EN VRYWARING

Ek,

.....  
(volle naam) die ouer/voog van  
.....

willig hiermee in dat my seun/dogter aan die buitemuurse aktiwiteite van die skool deelneem, met inbegrip van sport, kultuur, opvoedkundige toere en uitstappies.

Ek begryp ten volle en aanvaar dat alle toere en uitstappies op my seun/dogter se eie risiko onderneem word en ek onderneem om die WKOD, die Hoof en sy personeel namens my, my eksekuteurs, my vrou en kind, soos vermeld, te vrywaar, skadeloos te stel teen en kwyt te stel van enige of alle eise hoegenaamd wat in verband met enige verlies of beskadiging van die eiendom van voorvermelde kind of enige besering van die persoon van voormelde kind tydens sodanige toer of uitstappie mag ontstaan, wetende dat die hoof en sy personeel nietemin alle redelike voorsorgmaatreëls ten opsigte van die veiligheid van my kind sal tref.

.....  
Handtekening van ouer/voog

.....  
Datum

.....  
Plek

Hierdie vrywaring bly geldig solank die leerder by Hoërskool Punt ingeskryf is.

## CONSENT AND INDEMNITY

I,

.....  
(full name), the parent/guardian of  
.....

hereby give my consent for my son/daughter to take part in the extra-mural activities of the school, including sport, culture, educational tours and excursions.

I fully understand and accept that all tours and excursions shall be undertaken at my son's/daughter's own risk and I undertake on behalf of myself, my executors, my wife and my child aforesaid, to indemnify, hold harmless and absolve the WCED, the Principal and his staff against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of any such tour or excursion, knowing that the principal and his staff will, nevertheless, take all reasonable precautions for the safety and welfare of my child.

.....  
Signature of parent/guardian

.....  
Date

.....  
Place

This indemnity will be valid as long as the above-mentioned child is a learner of Point High School

