

## INDEMNITY

### APPLICANT

I, \_\_\_\_\_  
(give full name(s) and surname)

declare that the information submitted by me via the on-line Volunteer Application Form is complete and accurate.

I further realise that any false declaration by me would render any claim whatsoever void and I could further be liable for prosecution by the laws governing the Republic of South Africa.

### PARENT OR GUARDIAN

(if the applicant is under 21 years of age)

I, \_\_\_\_\_  
(give full name(s) and surname as well as relationship to the applicant)

of \_\_\_\_\_  
(give your full residential address, including post code / zip code and country)

My contact telephone number: \_\_\_\_\_  
(list both country access code and local area code)

and mobile phone number is: \_\_\_\_\_  
(list both country access code and local area code)

declare and consent that my son / daughter (mark as applicable) \_\_\_\_\_  
(give full name(s) and surname of son / daughter)

engage in volunteer work at The Scrosoppi Sorgsentrum over the period as will be established as a result of this application.

I understand that the volunteer work will be undertaken at my / his / her own risks (mark as applicable) and I hereby indemnify The Scrosoppi Sorgsentrum against any claims whatsoever, that may arise with any injury, loss or damage to my / the person or property of me / my son / daughter (mark as applicable) during the established period of volunteer service at The Scrosoppi Sorgsentrum or whilst travelling to and from The Scrosoppi Sorgsentrum, in the knowledge that the program leaders will take all reasonable precautions to ensure the safety and welfare of myself / my son / daughter (mark as applicable).

Signed (Applicant): \_\_\_\_\_ Date and place: \_\_\_\_\_

Signed (Parent / Guardian): \_\_\_\_\_ Date and place: \_\_\_\_\_