

INDEMNITY FORM
ESKOM EXPO FOR YOUNG SCIENTISTS INTERNATIONAL SCIENCE FAIR
2013

FINALIST DETAILS

Full Names/s: _____
(As in I.D.)

Surname _____

Address: _____

Date of Birth: _____

Phone (home): _____

(Parent's work): _____

(Cell): _____

E-mail: _____

Parent's initial: Mr _____

Mrs _____

Medical Information:

Name of Medical Aid: _____

Medical Aid Number: _____

Name of house Doctor: _____

Telephone Number: _____

Other Insurance Details: _____

Allergies/Chronic Disease/s (if any): _____

Special Dietary Requirements: _____

I, _____ being the **Parents/Guardian** of my **son/daughter** _____ understand that all reasonable precautions will be taken by the tour management, and absolve Expo for Young Scientists from any responsibility regarding the loss of or damage to any property, or any injury to the said participant from the time **he/she** leaves home for the tour until **he/she** returns home, or which may subsequently arise after this period.

I hereby designate the tour Leader _____ to act in *loco parentis* while the tour is in progress, and authorize **her/him**, should it be necessary, to procure medical or other assistance on my behalf, and at my expenses.

I **accept** the conditions as stated, and declare that my child has agreed to abide by the instructions of the tour leader, and also the rules of Eskom Expo for Young Scientists authorities.

Signature or Parent / Guardian

Date