

INDEMNITY FORM

I	(full name & surname of page 2.1)	arent/guardian)
the parent / guardian	(full n	name &
surname of child) hereby:		
Indemnify and hold Adorable I		-
loss or damage, whether to a		
which may be sustained by the or possessions, whilst on school	-	nis/her property
Agree that I shall be responsible	ble for payment of all medi-	cal/ or hospital
accounts where applicable, sh		
stipulated above whilst on the so	chool property.	
Delegate to the Principal of Ad	orable Kids Day Care or her	representative,
the power to authorize whateve		
deems necessary for the child a or her representative shall act in	9	Principal and /
Agree that this indemnity shall	commence on date of signa	ture hereof and
shall remain in force and be of effect of the duration of the child's		
environment at Adorable Kids D	Day Care.	
Signed at	(place) on	(date)
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Signature of parent/guardian	Witness	
ID number of parent/guardian		