

Indemnity Form

Genius Aulad Playhouse – The Bidadari 2017

I, the undersigned _____ (full name as per NRIC/Passport/Birth Certificate) being the father/mother/legal guardian of

____ (full name as per NRIC/Birth Certificate/Passport) hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of *Genius Aulad Playhouse – The Bidadari 2017*.

1. I hereby waive all claims I may have against *Genius Aulad Playhouse – The Bidadari 2017*, its organizer, co-organizer, sponsors, collaborators, volunteers, or staff arising from injury, accident, illness or any other cause involving the above-mentioned child, and hereby indemnify them against all such claims.

2. I hereby authorise *Genius Aulad Playhouse – The Bidadari 2017* to take all steps, which it in its absolute discretion may deem necessary, to have the said child admitted to a hospital, and treated by a doctor or other medical attendant. I further understand that I shall be held responsible for the payment of medical and/or hospital accounts arising from treatment.

3. In case of an emergency arising or in the event for any reason, we hereby nominate any authorized person of from *Genius Aulad Playhouse – The Bidadari 2017* to act in loco parentis in our joint name and stead in the sole discretion of such person as he or she may deem fit best serve the interests of our child in the said prevailing circumstances. In this respect we furthermore absolve and hold indemnified the said person responsible for all and any act or deed as he or she may, in the fulfilment of these discretionary rights in the said circumstances and as may subsequently be regarded as holding him or her and *Genius Aulad Playhouse – The Bidadari 2017*, harmless from any claim or action in damages.

4. I hereby give permission for the transportation of said child in the authorised vehicle by *Genius Aulad Playhouse – The Bidadari 2017* for abovementioned purposes.

5. Our child, who is attending *Genius Aulad Playhouse – The Bidadari 2017* is placed voluntarily by us onto the custody and care of the child minder/s in charge and all persons duly delegated by *Genius Aulad Playhouse – The Bidadari 2017* to supervise, teach and give general care to the children, of whom our child will form one such member.

6. We record that we are fully aware of and have personally inspected the grounds and the facilities, including the building and apparatus designated by *Genius Aulad Playhouse – The Bidadari 2017* for the child and record further that we declare ourselves to be fully satisfied with the nature and locality of the apparatus.

7. As parents/guardians, we accept the fact that any child, including our child, can suffer an injury of a greater or lesser degree in the course of any specific activity, despite all diligent care as may be taken by the delegated organizer person in charge.

8. We also, accept that any child, including our child, may be ill with a contagious or non-contiguous illness at any time during the attendance of our child at the *Genius Aulad Playhouse – The Bidadari 2017*, or may come into contact with a child carrying a similar disease.

9. We accordingly indemnify and do not hold *Genius Aulad Playhouse – The Bidadari 2017* responsible for any damages or claims from any case whatsoever which may give rise to our child suffering any bodily, or any other injury of whatsoever nature.

10. I accept that this general indemnity shall remain in force for the full duration of my child's registration at *Genius Aulad Playhouse – The Bidadari 2017*. I further undertake to furnish the organizer with any alterations to the required information.

11. We record that we are fully aware and have read the Rules/Conditions of acceptance, of *The Bidadari 2017* and *Genius Aulad Playhouse – The Bidadari 2017* and declare ourselves to be acquainted and fully satisfied with the said rules and conditions.

Signature of parent/legal guardian

Name:

NRIC No.:

Contact No.:

Date

Persons to call in case of emergency:

Name: _____

Cell/Tel No: _____

Name: _____

Cell/Tel No: _____

Name: _____

Cell/Tel No: _____