



Release of Liability & Assumption of Risk

This agreement contains provisions whereby you surrender certain legal rights: Please read carefully!

I the undersigned,

(Full name of Parent/Guardian)

the father, mother, guardian of the minor child/children*:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

understand that I am required to read carefully and sign a Release of Liability & Assumption of Risk form before Matshwane Primary School (hereafter "The School") will permit my child/children* to utilize the swimming pool and associated facilities ("the activity").

I understand that The School will supervise, coach, educate, assist and advise my child/children/family in the use of the pool and associated facilities to the best of its ability, but I am aware that these facilities involve inherent risk of illness, injury, death, or loss and damage of property, which may be caused by the activity, use of the pool by any person, the negligence of others, forces of nature, and other causes of known or unknown. I recognize that such risks may be present at any time that my child/children/family* participate/s in the activity under the arrangements of The School.

I certify that I have read all of the above and fully understand its contents and the type of risks inherent in the activity.

I agree on behalf of my child/children/family* to hold harmless and release The School, the Board of Governors, its employees or agents for any accidents, claims, losses, damages or liabilities, including death, disability, injury, or loss or damage to property, which might occur during the activity.

On behalf of my child/children/family* I expressly assume any and all such risks with respect to the activity of circumstances described herein and indemnify The School, the Board of Governors, its employees or agents on account of any such accidents, claims, costs, liabilities or damages, and further, I understand that this release does not apply to such accidents, claims, damages, etc. which are caused solely by the negligence or intentional acts of The School, the Board of Governors, its employees or agents.

I agree that the foregoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators and member of my family.

Thus done and signed in Maun, in the presence of the subscribing witness:

Signature

Witness

Date

Date

(*Delete which is inapplicable)