



## INDEMNITY FORM

I (full name) \_\_\_\_\_

Understand, agree and accept that excursions are an integral part of the Montessori learning process.

As the **parent/guardian** of \_\_\_\_\_

Hereafter known as "The Pupil". I do hereby give consent for "The Pupil" to take part in all excursions undertaken during the durations of "The Pupil's" schooling at Beehive Montessori Preschool. I understand that these excursions are taken at my child/s own risk.

I undertake on behalf of myself, my executors, my spouse and "The Pupil" afore said, to indemnify, hold blameless and absolve all persons and organisations associated with these excursions, against any claim of whatever nature that may arise in connection with any loss of, or damage to the property or injury to the person of "The Pupil" aforesaid in the course of these excursions.

I understand that all reasonable precautions will be take for the safety and welfare of "The Pupil" at all times.

I indemnify and absolve Beehive Montessori Preschool at 16 Haygarth Road, Kloof, of any claim of whatever nature that may arise from any injury sustained whilst on the property and in the care of staff during school hours.

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SIGNATURE OF LEGAL GAURDIAN

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DATE

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