

# **INDEMNITY AGREEMENT & COVERING MEMORANDUM**

prepared for

**THE UNIVERSITY OF CAPE TOWN**

Prepared by:  
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**FAIRBRIDGES  
WERTHEIM BECKER**

*Est. 1812*



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Nursery Road  
Upper Campus, University of Cape Town, 7701  
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Dear Parents/Guardians,

## **Re: UCT Educare Indemnity Form and its Legal Implications**

We are pleased to introduce the University of Cape Town ("UCT") Educare Centre's Indemnity Form for excursions, events, outings, and activities as part of its curriculum. These outings offer invaluable learning opportunities and enriching experiences for our children, allowing them to explore their surroundings in a safe and supervised environment.

As part of our commitment to ensuring the safety and well-being of all children under our care, we have prepared a UCT Educare Indemnity Form. This document is essential for us to proceed with excursions, events, outings, and activities and requires your careful consideration and signature.

The UCT Educare Indemnity Form serves as a binding legal agreement between you, as parents/guardians, and UCT. By electing to sign this form, you acknowledge and accept the inherent risks associated with excursions, events, outings, and activities, such as transportation, outdoor activities, and visits to public spaces. Additionally, the form releases UCT from liability for any injury, death, loss, or damage that may occur during these activities, except in instances where gross negligence has occurred.

It is important to understand that while we take every precaution to ensure the safety and security of all children during excursions, events, outings, and activities, unforeseen incidents may still occur. The UCT Educare Indemnity Form helps clarify each party's responsibilities and ensures that everyone involved understands the potential risks involved.

We encourage you to review the UCT Educare Indemnity Form carefully and to seek clarification on any terms or provisions that you may find unclear. Our priority is to provide a positive and enriching experience for your child, and we are committed to ensuring that all excursions, events, outings, and activities are conducted safely and responsibly.



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Thank you for your cooperation and understanding. Should you have any questions or concerns regarding the UCT Educare Indemnity Form, or our excursions, events, outings, and activities program, please do not hesitate to contact us.

Yours Sincerely,

**UCT EDUCARE CENTRE**

### **UCT EDUCARE INDEMNITY FORM**

I, \_\_\_\_\_, in my capacity as the legal guardian of,

\_\_\_\_\_ ("**my child**"), voluntarily consent to my child participating in excursions, events, outings, and activities organised by the University of Cape Town ("**UCT**"), and record the following:

1. **Assumption of Risk:** I understand that excursions, events, outings, and activities may involve certain risks, including but not limited to transportation, outdoor activities, and visits to public spaces. I acknowledge that these risks exist and accept full responsibility for any injury, loss, or damage that may occur as a result of my child's participation in such excursions, events, outings, and activities.
2. **Release of Liability:** In consideration of my child being permitted to participate excursions, events, outings, and activities organised by UCT, I hereby release, waive, discharge, and covenant not to sue UCT, its management, employees, agents, volunteers, and representatives from any and all claims, liabilities, damages, or expenses arising out of or in any way related to my child's participation in such excursions, events, outings, and activities, including but not limited to personal injury, property damage, or loss, except where these claims, liabilities, damages or expenses is caused by the gross negligence of UCT or its management, employees, agents, volunteers, and representatives



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3. **Indemnification:** I hereby indemnify, defend, and hold harmless UCT, its management, employees, agents, volunteers, and representatives from and against any and all claims, liabilities, damages, losses, costs, or expenses, including reasonable legal fees, arising out of or in any way related to my child's participation in excursions, events, outings, and activities organised by UCT, except where these claims, liabilities, damages or expenses is caused by the gross negligence of UCT or its management, employees, agents, volunteers, and representatives.
  4. **Emergency Medical Treatment:** I authorise UCT to seek emergency medical treatment for my child in the event of illness, injury, or other medical emergency during excursions, events, outings, and activities but agree that I am responsible for all medical and/or hospital accounts in relation thereto. I understand that every effort will be made to contact me, or the emergency contact listed below in such circumstances.
  5. **Protection of Personal Information:** I consent to UCT taking photographs or videos of my child during excursions, events, outings, and activities for promotional or educational purposes. I understand that these photographs or videos may be used in print or digital media based on my consent herewith given in terms of section 34 read with section 35 of the Protection of Personal Information Act, 4 of 2013. *Parents have the option to strike through pt.5 if they do not provide photograph consent, while the other points must remain unchanged.*
  6. **Emergency Contact:** I agree to provide accurate and up-to-date emergency contact information for my child, including the name and phone number of at least one emergency contact who can be reached in the event of an emergency during excursions, events, outings, and activities.



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**Declaration:**

I have read and understood the terms and conditions outlined in this indemnity form, and I voluntarily agree to be bound by them. I further agree that this indemnity shall commence on the date of signature hereof and shall remain in force and be of effect for the duration of my child's enrolment at the UCT Educare Centre.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Please retain a copy of this indemnity form for your records.**