



Liquid Grace adventures

E-Mail: info@liquidgrace.co.za
Tel: (021) 852 5411 or (044) 343 3245
Fax: 086 616 2762
Cell: 083 299 6913
P.O. Box 1256, Sedgefield, 6573, South Africa

Authorisation of Temporary Guardianship

THE PARTIES TO THIS AGREEMENT ARE:

THE PARENT(s) / GUARDIAN(s)

Full Name and Surname:

Identity number:

Physical Address:

Contact Details:

(hereinafter referred to as "the Parent / Guardian")

THE CHILD

Full Name and Surname:

Birth Date / Identity number:

(hereinafter referred to as "the Child")

THE TEMPORARY GUARDIAN(s)

Full Name and Surname:

Riann Kruger (On behalf of Liquid Grace Adventures)

Identity number:

6501245036083

Physical Address:

15 Patrys Street, Sedgefield

Contact Details:

Cell : 083 299 6913

(hereinafter referred to as "the Temporary Guardian")

I, the Parent / Guardian of the Child hereby grant temporary guardianship to the Temporary Guardian for the period from the _____ day of _____ 20____ and expiring on the _____ day of _____ 20_____.

1. I hereby acknowledge that the Child will reside with the Temporary Guardian and may travel locally with the Temporary Guardian.
2. I authorise the Temporary Guardian to act on my behalf in making all decisions on a daily basis as to the Child's activities. I acknowledge that the activities that my child may participate in are Wakeboarding, Waterskiing, Wakeskating, Wakesurfing, Trampoline, Tubing, Swimming, Surfing, Kayaking, Mountain Biking, Abseiling, Bungi Jumping, Bridge Swinging, Zipline Tours and Spectating (List is not exhaustive).

Activities that I prohibited the Temporary Guardian to accept on my behalf are (Please Indicate):

3. I authorise the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the Child except where any such first aid treatment is specifically excluded hereunder:
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4. I authorise the Temporary Guardian, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for the Child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorise any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the Child may also include dental surgery, x-ray, blood transfusion, anaesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the Child.

5. Persons responsible should please note the following: (Please state aspects eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.)

Present prescribed, or other medication that is being administered:

6. The following information is essential in case of medical treatment or hospitalisation:

6.1. Name and Address of Employer:

6.2. Medical Aid / Insurer:

6.2. Medical Aid Policy Number:

7. I indemnify the Temporary Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or wilful intent during the specified period of Temporary Guardianship.

8. I declare that I am the legal custodian of the Child and that I have legal authority to appoint a Temporary Guardian for the Child.

9. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

10. I acknowledge that the activities that my child may participate in are as listed above.

Signed at _____ on this _____ day of _____ 20____

SIGNATURE _____ (Parent / Guardian)

WITNESS 1: _____

WITNESS 2: _____