INDEMNITY FORM

Statement to be signed by the student (regardless of age) and the parent/legal guardian of a student who is below 21 in age.

I confirm that the information below is true and correct. I agree to enrol myself/my child/my ward (as applicable) in ________________________________, from ________________.

I further agree that:

1. I will abide by the applicable terms and conditions as may be prescribed from time to time by the University, the relevant Faculties (including, without limitation, the University Scholars Programme, and the relevant organisations); and

2. I will not hold the University, its officers, or any of its full time or part time staff (including student assistants) responsible or liable in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of my/my child’s/my ward’s (as applicable) participation in the activities, whether through: (i) neglect on the part of the University, its officers or any of its full time or part time staff (including student assistants); or (ii) otherwise; and

3. I will indemnify the University and keep the University indemnified against all losses, claims, demands, actions, proceedings, damages, costs expenses, and any other liability arising in any way from my/my child’s/my ward’s (as applicable) participation in the activities or any breach of my/my child’s/my ward’s (as applicable) undertakings hereof.

To be completed by all participants (regardless of age):

Participant’s Name: ____________________________     Matric No: ________________
Date: ________________      Participant’s Signature: ________________

To be completed by parents/legal guardians of applicants who are below 21 in age:

Parent/Legal Guardian’s Name: ____________________________
Parent/Legal Guardian’s Signature: ____________________________
Parent/Legal Guardian’s Address: ______________________________________________
__________________________________________________________________________
Date: ______________  Contact No: _____________________