



## INDEMNITY FORM YEAR 2024

### DECLARATION

I .....  
the undersigned, being the parent/ legal guardian of .....  
Form ..... do hereby give my consent in him/her taking part in any school  
activities, visits, tours, trips being organised by Aspire International College.

I understand that he/she will be taking part entirely at his/her risk, though every  
precaution and care will be taken by the organisers, the head or any staff member.  
However, non of them will be held responsible for any accident, illness or injury  
which may occur during or as a result of the activity, visit, tour/ trip.

Furthermore, I authorise the organizers, Head and staff members to act in loco  
parentis and empower them to authorise any surgical operation or any other essential  
medical treatment which, for any reason may become necessary during the school  
visit, tour / trip.

Signature : .....Date...../...../.....

ID Number .....

Address .....

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Contact Details .....