



PRIDWIN
Preparatory School

PARENT / GUARDIAN INDEMNITY FORM

As a parent / guardian of a boy/boys as Pridwin Preparatory School ("Pridwin" or the "School"), I agree that:

1. I understand the risks associated with COVID 19 and understand the manner in which the virus spreads.
2. I am aware of, and understand, the policies that Pridwin has implemented in order to minimise the risk of transmission of COVID 19. Policy requirements set out by the Government of South Africa can be found on our Pridwin website www.pridwin.co.za.
3. Given the nature of the COVID 19 virus I know and understand the risks associated with sending my child to School. I accept these risks and agree that I cannot hold the School or its staff liable for the transmission of, or any outbreak of, the virus at Pridwin. I indemnify, waive any right I might have to institute any claim of any kind against the School or its staff in this regard and in relation to COVID-19.
4. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
5. I agree and undertake that:
 - a. I, and my son/s, will adhere to all policies that the School has put in place with regard to COVID 19.
 - b. my son/s will be kept at home if he/they show any symptoms of COVID 19, or are otherwise sick. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
 - c. I will inform the school immediately if my son/s are sick or if anyone else in the household has been infected with COVID 19. In this event, our family will undertake to quarantine the entire family for 14 days.
6. In order to ensure the safety of all children and staff at Pridwin, I will provide my son/s with a mask and explain to him that the mask needs to be worn at all times when he is at school.
7. I confirm that before my son returns to Pridwin I will teach my son/s how to put the masks on and take them off and how to wear them properly. I acknowledge that:
 - a. My son/s will be proficient in the use of their masks before coming to school.
 - b. My sons clothing and masks will be washed daily.
8. I will educate my son/s about **social distancing** and its importance.
9. My contact details on the Engage portal are correct and valid.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY OWN FREE WILL.

SIGNED at _____ on this _____ day of _____ 20_____

PARENT/GUARDIAN
(Name and Surname)

PARENT/GUARDIAN
(Signature)

PUPIL
(Name and Surname)