



## LITTLE URCHINS, A MONTESSORI CULTURE DEED OF INDEMNITY

I / We, the undersigned:

**Parent / Legal Guardian 1 (Full name & relationship):**

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**Identity Number:** \_\_\_\_\_

**Parent / Legal Guardian 2 (Full name & relationship):**

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**Identity Number:** \_\_\_\_\_

Being the parents / legal guardians of:

**Child's Full Name:** \_\_\_\_\_

**Identity Number / Birth Certificate Number:** \_\_\_\_\_

### AGREEMENT AND UNDERTAKING

I / We acknowledge that this Deed of Indemnity shall remain in force for the duration of the child's enrolment at **Little Urchins, A Montessori Culture**, unless withdrawn in writing and acknowledged in writing by the school.

### INDEMNITY

I / We hereby indemnify, absolve from liability, and hold harmless **Little Urchins, A Montessori Culture**, its owners, managers, teachers, staff members, employees, assistants, landlords, and/or agents from any and all claims, actions, losses, damages, costs, or expenses of whatsoever nature.

This includes, but is not limited to, any loss, damage, injury, personal injury (including fatal injury), or patrimonial loss suffered by myself, my dependants, and/or the minor child, arising directly or indirectly from:

- The child's attendance at Little Urchins, A Montessori Culture
- Participation in any activities whatsoever, including free play
- Any activity conducted on or off the school premises under the supervision of the school

This indemnity shall apply whether or not such loss, damage, or injury is attributable directly or indirectly to the negligence (of whatsoever nature or degree) of the owners, management, staff, employees, assistants, landlords, and/or agents of Little Urchins, A Montessori Culture.

Initial \_\_\_\_\_



## MEDICAL CONSENT

I / We hereby consent that, in the event of illness, accident, or emergency, my / our child may receive any necessary first aid or medical treatment administered by staff of Little Urchins, A Montessori Culture.

I / We further consent that, should it be deemed necessary, my / our child may be admitted to a medical facility for further treatment at the discretion of the school staff, and that I / we shall be responsible for all associated medical costs.

## ACKNOWLEDGEMENT OF POLICIES

I / We acknowledge that I / we have read, understood, and agree to abide by all policies, rules, and procedures of Little Urchins, A Montessori Culture, as amended from time to time.

Initials: \_\_\_\_\_

## DECLARATION

I / We declare that:

- I / We am / are duly authorised to sign this document
- All information provided is true, correct, and complete, with no material omissions
- I / We undertake to notify Little Urchins, A Montessori Culture in writing of any changes to the information provided

## LIMITATION OF LIABILITY

I / We record that neither Little Urchins, A Montessori Culture, nor its owners, managers, officers, employees, teachers, assistants, landlords, or agents shall be liable for any injury, loss, damage, or claim suffered by or caused to any person or property, whether occurring on or about the premises or otherwise.

This includes loss or damage arising from, but not limited to:

- Acts or omissions by any person for whom the school may be legally responsible
- Vis major (superior force) or casus fortuitus (unavoidable accident)
- Fire, flooding, rain, or water damage
- Theft or burglary (with or without forced entry)
- Riots, strikes, or civil disturbances
- Defective facilities or structures
- Any condition on or off the school premises
- Any activity carried out on the premises

Initial \_\_\_\_\_



## SIGNATURES

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

1. \_\_\_\_\_

**Name: Parent / Legal Guardian Signature**

2. \_\_\_\_\_

**Name: Parent / Legal Guardian Signature**

Initial \_\_\_\_\_