# AR26 ADVENTURE RACE 5 SEPTEMBER 2026

LILYFONTEIN SCHOOL

**Please bring an original signed copy of this indemnity to registration.**

## No signed indemnity = no Adventure race

I hereby apply / give permission for my child to participate in activities organised by Lilyfontein School. These activities include, but are not limited to the following: Adventure type activities, Adventure courses run by the school, Mountain Biking, Tubing, Canoeing, Rock Climbing, Abseiling, Hiking, Horse Riding, Swimming/Paddling, Obstacle courses, Kloofing, High Ropes Courses, Class Outings and Sporting tours. These activities may also include school transportation where necessary.

I acknowledge that I am aware that these activities are potentially hazardous and the risk of personal injury or accident cannot be excluded. I further confirm that I am aware that some of these activities can be physically challenging. I confirm that I am/my child is physically well and fit and am/is able to participate in exercise of this nature without undue risk to my/their health. Should I/my child be unwell shortly before or on the day of the sporting or adventure activity, I undertake to take responsibility for ensuring that I/they will not participate.

I accordingly hereby undertake and agree to indemnify Lilyfontein School, their organisers, coaches, employees and any individual involved in assisting with the organisation, against any liability and against any/all process and proceedings, claims, damages, interest, cost and/or expenses however arising which may result from any accident or injury to myself/my child or to my/his/her sports equipment/possessions, howsoever caused, and whether due to any act or omission by or on behalf of the aforesaid person. I undertake to ensure that I have enough medical and other insurance in place to meet any such cost, loss or injury.

**Media Disclaimer**

By entering the Lilyfontein Adventure Race, participants grant Lilyfontein School permission to use photographs, video recordings, or electronic images taken during the event for use on the school website, social media platforms, and any print-based media.

☐ Yes, I would like to receive information, updates and marketing communications about Lilyfontein School events and activities.

☐ No, I do not wish to receive information, updates or marketing communications about Lilyfontein School events and activities.

By selecting "Yes", you consent to Lilyfontein School processing your personal information for the purpose of communicating event-related information and promotional updates. You may withdraw your consent at any time by contacting the school or using the unsubscribe option provided in communications.

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**Team Name: _____**

Name: _____

Signature: _____

(or parent's signature if under 21)

Full Name of parent: _____

(or parent's signature if under 21)

Signed at (place)_____ on this

_____ day of (month)_____2026

Please specify any medical conditions and indicate whether any required medical supplies, such as asthma pumps, will be carried by the participant:

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