CONSENT AND INDEMNITY FORM

EVENT: NORTH GAUTENG SENIOR SCIENCE FAIR 2026

A signed, hard copy of this form must be handed in to the school's teacher.

They will submit it to North Gauteng Science Fair at registration on the day of the event

Organisers:

This event is jointly organized by the Imbewu Science Foundation and North Gauteng Science Fair (NPC) at Hoërskool Waterkloof.

Name + surname of participant:

Grade: _____

School:

_____

By signing this indemnity, I confirm that the pupil may attend this event and participate in activities which involve varying degrees of risk, as summarized below. Due to weather or other circumstances, the activities listed may be substituted with other activities of a similar nature/ risk level:

Transport:	As arranged by each participant/ school to and from venue.
Itinerary/Activities:	Science Expo projects set up and adjudicated, including oral presentation and interviews, at Waterkloof Hoërskool. All rules and regulations to be adhered to.
Catering:	Each student to bring their own food and drinks in closed containers. Tuck shop & Coffee shop may be available.

The organisers will take such steps as may be reasonably required in the circumstance to keep the participant out of harm, and free from loss, taking into account what can be reasonably foreseen and provided for in each case.

I, representing both parents/ guardians jointly and severally hereby indemnify the organisers and all of their employees and agents (for whom it may be found to be vicariously liable) against any claim of the participant for any loss or injuries of any kind in respect of the event in question.

I acknowledge that all normal school rules and discipline procedures apply for the duration of the event.

All participants

Please complete all information as accurately as possible for your child:

Contact information of parent/ legal guardian:

Name + surname:

_____

Contact number:

_____

Emergency contact information (other than parent/ guardian):

Name + surname:

_____

Contact number:

_____

Name and number of doctor:

_____

Allergies or any other relevant medical information that a doctor in an emergency, or the teacher and organisers, should be aware of:

_____

_____

_____

_____

Medical Aid Members (To be completed by parents/ guardians of medical aid members)

Please complete all information as accurately as possible for your child:

Name of Medical aid: _____ **Medical Aid Number:** _____

Please attach a clear copy of the back and front of the latest Medical Aid Card.

☐ I confirm that my child's Health Record information (doctor and medical aid details) is correct.

Non-Medical Aid Members (To be completed by parents/ guardians of non-medical aid members)

☐ My child is not on a medical aid. In the event of them needing medical treatment while in the organiser's care I request that, where there is a reasonable choice, they rather be taken to:

☐ A state hospital or healthcare facility OR ☐ A private hospital or healthcare facility

☐ In either of the above cases I undertake full responsibility for the resulting expenses.

Photographs and videos at North Gauteng Science Fair – POPIA consent

We endeavour to take photos and videos at the North Gauteng Science Fair each year, in order to celebrate and share about the Fair's vibrant community and celebrating the achievements of participants.

It is not reasonably practicable to seek consent from every person in every photograph or video before publishing, especially since this is a public event which is published on social media.

The North Gauteng Science Fair does try to seek specific, informed consent of persons whose image or personal information appears in dedicated marketing activities, such as billboards, online advertisements, and so forth.

For this reason, the consent of the Parent is requested below to use personal information of the Child, in the form of their names, photographs, or videos (recorded or live-streamed), with or without names displayed, to celebrate the Science Fair's or the Child's activities, achievements or success. This use will be made in publications and advertisements, including social media platforms, live streaming of events, or in community publications, photographs distributed to participants, as well as in press releases.

Consent of the Parent will assist the Science Fair in our legitimate interest to foster our community and is not intended to deprive a Parent or Child of their rights.

Please make your selection below by marking the applicable box and signing, for the North Gauteng Science Fair and Imbewu Science Foundation, who we are affiliated with, to use images and personal information of each Child according to these terms set out above.

☐ do hereby consent

☐ do not consent

Parent's Name and Signature: _____

Pupil's Signature (if 12 years or older): _____

Date: _____

PRIVACY NOTICE

In order to gain your informed consent and indemnity, we require personal information of parents and children. We will also require information about allergies and medical care options. We respect the sensitivity of this and will endeavour to safeguard it at all times. The personal information on this form will only be used to pursue the legitimate interests of the organisers, yourself and your child, and to fulfil our legal obligations and the contract we have with you, as related to this event.