



INDEMNITY FORM

I, _____,

identity Number _____,

the parent/guardian of _____, confirm that I fully indemnify Beacon Baptist Church and its employees and volunteers for any injury, loss, damage of property, medical expenses, pain and suffering, temporary or permanent disablement or any other condition that results from the above named child attending Beacon Baptist Church's Holiday Club program, Cave Quest, from 04-08 July 2016.

Signed: _____

Date: _____