WAIVER AND INDEMNITY

I /We

(Name of Father) _____ Identity No. _____

and

(Name of Mother) _____ Identity No. _____

being the parent/s of

Patient full name: _____

Patient ID number:

Patient Date of birth: Day/Month/Year

acting as the parent/s and natural guardian/s of the Patient, and in my/our personal capacity, confirm that Wings and Wishes should sponsor and pay for the cost of the transport of the Patient and, at the discretion of Wings and Wishes, of the parent/s, which will be arranged by or on behalf of Wings and Wishes.

I/We confirm that the transport is undertaken at the risk of the Patient and myself/ourselves, and I/we hereby waive personally and on behalf of the Patient any claims of whatsoever nature which the Patient and I/we may have or acquire against Wings and Wishes, its Trustees, personnel and agents for any such loss or injury from whatsoever cause arising, whether negligent or otherwise. I/We and the Patient further indemnify Wings and Wishes, its Trustees, personnel and agents against any claim which may be made against them or any of them by the Patient or any third parties arising from any loss, injury or death of the Patient.

I/We confirm that I/we understand this document, which is irrevocable, and that I/we understand the content and effect thereof.

Date: _____

_____
Mother's signature

_____
Father's signature

Witness: _____

_____
Patient's signature
(*if 16 years or older*)

The above Waiver and Indemnity is accepted by Wings and Wishes

_____
For: WINGS AND WISHES