



PARENT / GUARDIAN INDEMNITY FORM

I, _____, as the parent or legal guardian of the applicant below, hereby grant permission for my child to attend the Gadunga Sigadange Culture Camp hosted by Gadunga Sigadange Organization. I understand that my child will participate in cultural, educational, and recreational activities during the camp. I agree that my child will abide by all camp rules and regulations. In the event of an emergency or should any incident occur involving my child, the organization may contact me using the details provided below.

Parent / Guardian Contact Details

Parent / Guardian Name _____
Contact Number _____
Residential Address _____

Applicant Information

Full Names _____
Surname _____
ID / Passport Number _____
Ethnic / Cultural Group _____
Residential Address _____
Age _____ Gender _____
Disability / Medical Condition _____
Allergies _____

Parent / Guardian Signature _____ Date _____