

Indemnity Declaration

I / We

Full Names and Surnames
The parent(s) / guardian(s) (Delete which is not applicable) of

: _____ (child's name #1) : _____ (child's name #2)

: _____ (child's name #3) : _____ (child's name #4)

hereby consent to my child/ren's use of the Services of Rubix as set out in the Rubix Terms and Conditions.

I acknowledge that in certain circumstances there may be insufficient time to contact me, or to refer to medical records, and consequently Rubix, its Drivers, Onboard safety officers, agents, employees, franchisees, licensees and/or partners are hereby authorised, in my place and stead, to authorise and/or administer the most appropriate medical service available in the circumstances.

I confirm that the minor child/ren's general health is good, and that all relevant ailments and allergies have been disclosed to Rubix in writing, and should any ailments or allergies arise in the future, will immediately be notified to Rubix in writing.

I confirm that the use of the Service is entirely voluntary and I accept all risks involved therein. Accordingly, Rubix, its Drivers, Onboard safety officers, agents, employee, franchisees, licensees and partners shall NOT be liable for any loss, damage, injury or illness of whatsoever nature and howsoever caused, suffered by me or the minor child as a result, directly or indirectly, of using the Service, or failure to utilise the Service due to any reason whatsoever, and Rubix its Drivers, Onboard safety officers, agents, employees, franchisees, licensees and partners shall NOT be liable for any loss and/or damage (including indirect or consequential loss and/ or damage) arising from the Service.

I hereby indemnify Rubix, its Drivers, Onboard safety officers, agents, employees, franchisees, licensees and partners from any loss, damage or injury that might incur arising from any loss or injury suffered by me and / or the aforementioned child arising from or incidental to the use of the Service.

I warrant that I am authorised to give this indemnity, and confirm that I have read the Rubix terms and conditions, and consider myself bound thereto.

Signed at _____ on this the _____ day of _____ 20_____

Parent/ Guardian Signature

Witness Signature

Full name: _____

Full name: _____

ID Number: _____

ID Number: _____

Contact Number: _____

Contact Number: _____

IMPORTANT INFORMATION:

PLEASE PROVIDE FULL MEDICAL AID DETAILS FOR EMERGENCIES:

Name of Medical Aid: _____

Medical Aid Number: _____

Name of main member: _____

This information is required in the event of a medical emergency and we are not able to contact / get hold of the parent or legal guardian.

*** BY SIGNATURE YOU CONFIRM THAT YOU HAVE READ AND AGREE TO THE RUBIX TERMS AND CONDITIONS**