



House Regeneration

Plot 358 Sakabuka Avenue
Derdepoort, Pretoria

Reg No.: 2010/063704/23

Phone: 087 702 3650
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HOUSE REGENERATION MEDICAL WAIVER

SPONSOR/PARENT OR GUARDIAN'S INSTRUCTION ON MEDICAL TREATMENT

Student's Name _____ Date of Birth _____

Sponsor/Parent/Guardian Name _____ Relationship _____

Address _____

Cell Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone Number _____

Insurance Company _____ Phone Number _____

Family Doctor _____ Phone Number _____

Is your child presently on Medication? _____

If yes, please list Medication (s): _____

Drug Sensitivities _____

Other Allergies _____

Date of the student's last complete physical examination by a Medical Doctor _____

Please read the alternative statements below and sign under the one that you choose. **Sign only one!**

1. If the student needs medical attention, it is my wish that I am contacted before any medical procedures are taken on the student, unless immediate treatment is necessary to save the child's life or to prevent permanent injury.

SPONSOR/PARENT/GUARDIAN
SIGNATURE

SPONSOR/PARENT/GUARDIAN
NAME

DATE

2. If the student needs medical treatment while admitted to House Regeneration, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

SPONSOR/PARENT/GUARDIAN
SIGNATURE

SPONSOR/PARENT/GUARDIAN
NAME

DATE

Please Note: House Regeneration is only a drug dispensary. We do not have any medical staff on-site apart from a Level 3 First Aider.

HOUSE REGENERATION

WAIVER AND RELEASE FROM LIABILITY

- I, _____ the undersigned, on behalf of myself, my heirs, and next of
 (Sponsor/Parent/Guardian)
 kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE HOUSE REGENERATION, its insurers, its affiliates, administrators, agents, directors, officers, members, committees, volunteers, all employees of House Regeneration, and any and all participants, officials, counsellor, lecturers, other campuses, sponsoring agencies, sponsors, advertisers, (and if applicable) owners, lessors, and operators of premises used to conduct any of House Regeneration's activities, sanctioned events, (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that the student may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of the student's participation in, attendance at or traveling to and from any House Regeneration's sanctioned events or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
- Releaser understands and acknowledges that House Regeneration's, a discipleship school assisting people with substance abuse issues, regeneration program and sport in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any House Regeneration's activities or sanctioned events including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
- Releaser acknowledges and fully understands that each participant in House Regeneration's activities or sanctioned events, including Releaser, may be engaging in activities that may involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property, including death, and that severe social and economic losses may also result not only from Releaser's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore Releaser acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT

The undersigned _____ does hereby represent that he/she is, in fact, the
 (Sponsor/Parent/Guardian)
 sponsor, parent or guardian of _____ and acting in such capacity
 (Student)
 agrees to the terms and conditions of the above stated waiver and release.

SPONSOR/PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

SPONSOR/PARENT/GUARDIAN NAME

DATE