Round Square
International Conference
King’s Academy - Jordan

October 7 - 13, 2014

Consent to Act In Loco Parentis and Indemnity Waiver

I, the undersigned _________________________ (full name of parent or guardian) of
____________________________________ (full name of student delegate) do hereby authorize
and appoint __________________________________ (Round Square Representative) of
____________________________________ (school name) while the said student is under
his/her control and supervision at King’s Academy, to take any decision and/or perform any
act, which he/she may deem necessary for the safety, well-being and welfare of the said
student and generally, in regard thereto, to act in loco parentis.

All possible care is taken of each student’s safety, health and general welfare. Safety
regulation are applied in all activities. The school had fulfilled the requirements of the Round
Square Health and Safety Regulations.

I do further hereby indemnify and hold free from harm King’s Academy and its staff and
waive any claim against them for loss, injury or damage caused by or arising from or as a
result of the attendance at or participation in any activity or the school by the above named
student.

The conference program will include traditional sports, excursions, swimming, hiking, rock
climbing and other adventures in the Kingdom of Jordan.

I declare that he/she shall be allowed to travel in any school vehicle, school authorized hired
vehicles and vehicles which may be the property of faculty, employees and parents affiliated
with the school.

I wish my child, to be excluded from taking part in: (please specify here any types of
activities from which he/she is to be excluded): ______________________________________

____________________________________

I understand that in an emergency every effort will be made to obtain parental consent to an
operation and/or administration of an anesthetic, but if this proves impossible I hereby
authorize the headmaster or deputy headmasters to act in loco parentis.

__________________________________________                                    ______________

Signature of parent or legal guardian of student delegate                         Date

__________________________________________                                    ______________

Designated signatory of school (verification of above)                          Date