DIGITAL CHURCH

INDEMNITY FORM

TO BE COMPLETED AND SIGNED BY EVERY CONFERENCE ATTENDEE

I	
I hereby authorize Father's Heart Digital Church to take the appropriate First Aid response and to contact and/or transfer me (or the attendee if they are under aged) to the relevant doctors, ambulance services and hospitals in the event of an emergency. All medical costs will be for my own account.	
Name of Attendee / Parent / Guardian	
Signature of Attendee / Parent / Guardian	
Date	
Child details (If signing as parent/guardian)	Emergency Contact
Name and Surname:	Name and Surname:
Contact number:	Contact number:
Age:	Email:
	Relationship:



082 659 2224



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