NBIL Camp organizers, please note that we do not accept any other indemnity forms, than this one provided.

We cannot make use or accept the same indemnity form as used by camp organizers/schools or churches.

PLEASE COPY AND HAVE ALL GUESTS OR PARENTS OF MINORS (IF UNDER 18) COMPLETE IT.

ARANEMAN Teambullding & Adventure Comps	INDEMNITY FORM
Name & Surname of camper:	ID NR:
Medical Aid details:	에 가는 가입하다는 사람들은 기를 가입니다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 사람들은 사람들이 들어 있는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.
Name of Medical aid:	Medical aid number:
Contact persons in case of an emergency:	
Contact persons in case of an emergency.	
Name:	
Name:	Cell:
	in the autom of (add page if peops grad)
Please list any Allergies or Medical conditions that we ne	ed to be sware of (and hade a necessary).
NBII Please bring any important medication to	the camp, i.e.: asthma pumps, bee-sting medication, etc.
T/A Maranaman an the Voil or (Red or 2008/22)	(Print name of camper or parent/guardian if under the age of 18) hereby indemnify 19213/23) its members and staff members of any damage or loss to my personal th for any reason whatsoever. I further agree that photos and video footage may be see and social media.
Signature:	ID Nr. Date:
Parent/Guardian/Camper (if not a minor)	
We would like to request that you (or your ch	ild) bring along your oldest clothes to wear during your visit, which may be
The state of the s	desire to do so Maranaman will wash these clothes after your visit, and see

to it that it reaches the less fortunate. .