

**THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA
CHILDREN MINISTRY**

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**THE AFM OF SA CHILDREN CONFERENCE, 12-16 DECEMBER 2016,
PRETORIA, GAUTENG PROVINCE
INDEMNITY AGREEMENT**

Full name(s) of the child: _____

Date of Birth: _____ . Gender: _____

Assembly: _____ . Region/Network: _____

Medical concerns: _____

Dietary concerns: _____

I, _____, being the parent/legal guardian of _____, give permission for my child to attend the AFM of SA Children Conference at Tshwane University of Technology in Pretoria from the 12 to 16 December 2016. I understand that the organisers will do all in their power to ensure the safety of my child and his/her property, but I acknowledge that no party, be that the organisers or the Apostolic Faith Mission of South Africa, may be held liable in the event of injury, theft, or any other incident.

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by the doctor or hospital.

Signature of the parent

Date

FOR THE ASSEMBLY/REGION ONLY:

Name of the Educator: _____

Contact details for the teacher: _____

Director: Adv. Sam Tshabalala, email: gotellsamt@gmail.com

Deputy Director: Past. Alfred Khoza, email: alfredk@fraseralexander.co.za

Secretary: Past. Bhekikhaya Nxumalo, email: zwide6826@gmail.com

Treasurer: Dr. Ndangeni Litshani, email: ndangeni.litshani@univen.ac.za