



# Cowies Hill Pre-Primary School

19 Alida Place, Cowies Hill, 3610  
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 www.cowieshillpreprimary.co.za

Reg. No. 1970/016751/08, Non-Profit registration number: 045-913-NPO

## **BIRTHDAY PARTY INDEMNITY FORM**

**PLEASE COMPLETE AND RETURN THIS FORM TO COWIES HILL PRE-PRIMARY SCHOOL  
 AS SOON AS POSSIBLE**

|                                                 |                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------|
| CHILD'S NAME:                                   |                                                                     |
| DATE OF PARTY:                                  |                                                                     |
| TIME SLOT:                                      | 10AM – 12PM                                                         |
| NUMBER OF CHILDREN +<br>ADULTS ATTENDING PARTY: | (maximum of 50 people)<br>If more than 50 people - additional R300. |

I, the undersigned, \_\_\_\_\_ hereby  
 acknowledge having read the afore-going guidelines and confirm that I understand the contents thereof and accept to  
 be bound by the terms contained therein.

I also acknowledge that all persons making use of the facilities and equipment situated on the premises do so entirely  
 at their own risk. Cowies Hill Pre-Primary School accepts no liability for any injury, loss or damage, from whatever  
 cause arising, suffered by you, your friends, family, visitors, invitees or any other person making use of the facilities  
 and equipment situated on the premises at your invitation, their agents or servants and you hereby indemnify Cowies  
 Hill Pre-Primary School against any claim which may be made against it by such friend, family, visitor, invitee or other  
 person.

**Please tick where applicable:**

- ☐ Venue hire – R950
- ☐ More than 50 people – Additional R300
- ☐ Popcorn Machine – Additional R150
- ☐ Jumping Castle – Additional R300

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2026.

\_\_\_\_\_  
 Signature of Parent / Guardian

\_\_\_\_\_  
 Signature of Witness

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT TEL NO.: \_\_\_\_\_