Kids Vantage Express (1984/008293/07)
Consent and Indemnity

I, as a resident of Douglasdale Retirement Village, hereby elect to utilise the transportation services of Kid Vantage Express and agree that utilising the transportation services offered by Kid Vantage Express is voluntary and I accept all risks involved therein.

I confirm that I am in good health, and that all medical conditions, allergies and ailments have been disclosed to Kid Vantage Express in writing, and should there be any future medical conditions, allergies or ailments, I shall immediately notify Kid Vantage Express in writing. I acknowledge that in certain emergency situations there may be insufficient time to refer to the medical records, and consequently the owners, personnel, representatives of Kid Vantage Express are hereby authorised to procure and/or utilise the most appropriate medical services as necessary. The responsibility for the payment of medical and/or hospital accounts, where applicable, should injury be sustained during transportation, will be borne by myself.

I hereby indemnify and hold Kid Vantage Express (including its successors in title), their owners and/or shareholders and directors, personnel and agents and/or representatives harmless against any loss, damage, harm, injury or illness of whatsoever nature and howsoever arising or caused by Kid Vantage Express or any associated third party, which may be suffered by me as a result, directly or indirectly, of utilising the transportation services of Kid Vantage Express, or the failure to utilise the transportation services of Kid Vantage Express as the case may be, due to any reason whatsoever.

This general indemnity shall remain in force for the full duration of Douglasdale Retirement Village's enrolment with Kid Vantage Express. I further undertake to furnish Kid Vantage Express with the relevant information should any details alter or change.

**I, _____
hereby acknowledge and agree that I am fully aware of and understand the contents and effect of the above Consent and Indemnity.**

Signature: _____

Date: _____