

**VORM/FORM: C**

**VRYWARINGSERTIFIKAAT**  
**CERTIFICATE OF INDEMNIFICATION**

Voltooiing van onderstaande sertificaat is verpligtend alvorens 'n aansoeker by Emmaüs toegelaat mag word. / Completion of this certificate is compulsory prior to admission to Emmaüs.

1. Hiermee vrywaar ondergetekende Emmaüs, die inwoners en personeel van enige aanspreeklikheid wat mag ontstaan as gevolg van drosskade, siekte, ongelukke, beserings aan diens, verlies van lewe of enige eis van watter aard ook al. I/We the undersigned hereby indemnify Emmaüs, the staff and residents from any liabilities which may occur because of absconding, damage, disease, accidents, injuries on duty, loss of life or any other claim.
2. Ek/Ons die ondergetekende (s) begryp ook ten volle dat ek (ons) as ouer/voog verantwoordelik bly vir die verskaffing van die applikant se klere en toileware asook gereelde kontak met die applicant. I/We the undersigned hereby accept responsibility to supply clothing and toiletries to the applicant as well as regular contact.
3. Ek/Ons aanvaar dat Emmaüs geen spesiale dieet sal voorsien nie, behalwe op mediese voorskrif. I/We accept that Emmaüs will not supply any special diet, except on medical grounds.
4. Ek/Ons verstaan ook dat inmeng in Emmaüs se huishoudelike, administratiewe, mediese en /of verpleegkundige sake tot die applikant se ontslag kan lei. I/We understand that unnecessary interference in the domestic, administrative, medical and/or nursing affairs of the Centre may lead to the discharge of the applicant.
5. Ek/Ons aanvaar dat die applikant onderhewig is aan 'n proeftydperk van drie maande. /I/We accept that the applicant will be subjected to a trial period of three months.
6. Indien die applikant sou dros, of na 'n naweek of vakansie versuim om na Emmaüs terug te keer, onderneem ek/ons om u onverwyld in kennis te stel, indien ek/ons bewus is van die applikant se bewegings. Should the applicant abscond from Emmaüs or refuse to return after a weekend or holiday, I/We undertake to inform you without delay if we know of the applicant's whereabouts or plans.
7. Ek/Ons aanvaar dat Emmaüs geensins verplig is om permanente verblyf/werksgeleenthede aan inwoners te verskaf nie. Emmaüs behou die reg om 'n persoon 24 uur kennis te gee. /I/We acknowledge that Emmaüs is not bound to

supply anybody with permanent residence or employment. Emmaüs retains the right to suspend a beneficiary with 24-hours notice.

8. Ek/Ons onderneem om die verantwoordelikheid te dra om die aansoeker vir die verpligte vakansietye te neem of te reël dat 'n ander verantwoordelike persoon hom/haar sal neem. /I/We accept the responsibility to accommodate the resident during the compulsory holidays or to arrange for another responsible person to accommodate him/her.
9. Ek/Ons neem kennis van die nuwe wet op Geestesgesondheid wat my/ons as ouers/familie mede-verantwoordelik maak vir die applikant se versorging. I/We acknowledge the fact that, according to the new Act on Mental Health, I/we are co-responsible for the applicant's care.
10. Ek/Ons neem kennis van die feit dat ek/ons skriftelik toestemming moet gee indien die applikant alleen dorp toe kan stap. /I/We acknowledge the fact that our written consent is needed if the applicant wants to walk to town on his/her own.
11. Ek/Ons neem kennis dat, wanneer die familie nie beskikbaar is nie, die Sentrumhoof of Maatskaplike werker toestemming mag teken in 'n mediese noodgeval. I/We acknowledge the fact that in the case of an emergency, the Head of Centre or Social Worker may give consent for medical procedures.
12. Ek/Ons neem kennis dat ingevolge die POPI WET mediese inligting aangaande ons kind/familielid skriftelik aangevra moet word en dat enige vertroulike inligting rakende my kind/familielid aan 'n derde party slegs met my/ons skriftelike toestemming gegee mag word.  
I/we acknowledge that in accordance with the POPI ACT medical information about my child/family member may only be acquired with my written consent, and that any confidential information about my child/family member may only be made available with my/our written consent.

GETEKEN TE ..... HIERDIE DAG VAN ..... 20.....  
SIGNED AT THIS DAY OF

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OUER/VOOG:PARENT/GUARDIAN

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APPLIKANT/APPLICANT

GETUIE/WITNESS (1) .....

(2) .....