

College of Agriculture, Engineering & Science

“Be a Scientist for a week” - Entry Form

Closing date for applications: 10 May 2019:

For Westville programme, email to: rajpall@ukzn.ac.za | 031 260 7065/7878/8740
For Pietermaritzburg programme, email to: maneys@ukzn.ac.za | 033 260 6313/5666

Please provide us with your biographical details.

Name and Surname: _____

Identity number: _____ Gender: _____

School name: _____ Grade: _____

Home telephone number: _____ email: _____

Cellphone number: _____ Fax: _____

Postal address: _____

Name of parent/guardian: _____

Contact details of parent/guardian: _____

Dietary requirements: _____

Please tell us your latest test/exam results (percentage) below

Physical Science: _____ Life Science: _____

Mathematics: _____ English: _____

Overall aggregate: _____

We hereby understand and acknowledge that although the College of Agriculture, Engineering & Science will take all necessary and reasonable precautions to ensure the safety of all “Be a Scientist for a W” participants, participation in this event is entirely at our own risk.

Signature of entrant: _____

Signature of parent/guardian: _____

Date and place: _____

CONSENT AND INDEMNITY

We, the undersigned (print full name of learner)

Identity No.:.....

AND (IF THE STUDENT IS UNDER THE AGE OF MAJORITY)

Name of Parents/Guardian:

Father..... ID:

Mother..... ID:

Do each of us agree that: Name of Learner:

Participate in the activities of the "Be a Scientist for a Week" within the College of Agriculture, Engineering and Science at the University of KwaZulu-Natal, whether conducted at the University or extramurally including, but not limited to, studies, field trips, games, athletics, tours and excursions of general vocational, educational, historical, social or scientific interest, on the following conditions:

1. We fully understand and accept that participation in all such activities will be at our own risk.
2. We hereby authorise the University and its employees or agents to act on our behalf in respect of any circumstances pertaining to any accident or illness arising from, during, or in connection with such activities in the manner that the University, its employees, and agents in its absolute discretion deems fit. We fully accept full liability for all expenses incurred thereby or in connection therewith.
3. On behalf of ourselves, our heirs, and executors we hereby undertake to and hereby do, indemnify, absolve and hold harmless the University, its officers, its employees, agents, any person(s) acting on its behalf, or invitees against any loss in respect of all claims, proceedings, damages, costs and expenses whatsoever that may arise in the course of, or in connection with, such activities, howsoever arising, and whether as a result of negligence or otherwise.
4. I further undertake to comply with any rule or regulation relating to safety and/or the University's obligations under the Occupational Health and Safety Act or similar legislation as well as any reasonable instruction by any official of the University relating to the foregoing.
5. This indemnity will operate as a continuing indemnity and cover all periods of attendance as a learner at the "Be a scientist for a week" at the University.

SIGNED ATON THIS DAY OF.....20.....

AS WITNESSES

1.....

SIGNATURE OF LEARNER

2.....

DULY ASSISTED BY PARENT/GUARDIAN

SIGNED ATON THIS DAY OF.....20.....

1.....

SIGNATURE OF PARENT / GUARDIAN

2.....

SIGNATURE OF PARENT / GUARDIAN