



VISITOR INDEMNITY FORM

I/we the undersigned

Name of school

Postal Address
.....
.....

Tel No Fax No

Hereby indemnify and hold harmless the National Tourism Career Expo organizers, partners and hosts against any claims which I or my children may have as a result of any personal injury, loss, death or damage sustained from any occurrence, act or omission of whatever nature to us while traveling and participating in the activities of the National Tourism Career Expo (NTCE).

I/we further hereby waive any claim or potential claim against the NTCE partners, organizers and hosts and confirm and acknowledge that I/we are traveling and participating in the NTCE and other activities associated with the NTCE at my/our own risk.

Signed at _____ on the _____ day of _____ 20_____

Signature (Teacher or School Representative): _____

As witnesses

1. _____

2. _____

