



CREATIVE SCHOOL OF BUSINESS
HONORIS UNITED UNIVERSITIES

STUDENT INDEMNITY FORM FOR INJURY, LOSS & MEDICAL 2025

We at The Red and Yellow Creative School of Business (hereafter referred to as the School) have taken every precaution to ensure the Health and Safety of the school environment and would like to ensure that our students take precautions to safeguard themselves from injury and take care of their personal possessions. In so doing we require that the below be completed.

I, _____ (full name),

completing the programme: _____, agree that during my attendance at Red and Yellow Creative School of Business, I will take precautions for my own safety and welfare and will take care of my personal possessions. I will hold blameless and indemnify all persons at Red and Yellow associated with the activity, should any loss, damage, illness or injury occur during my attendance at the School. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalization, unless such loss is caused by the negligence, wilfulness or deliberate act of the School or one or more of its employees.

I will be sure to advise the School of any medical condition or allergy that lecturing, and support staff need to be aware of.

If you are comfortable disclosing any medical conditions here, please do so. Alternatively, please email cindy.rix@redandyellow.co.za and outline your medical condition and how we can assist you.

Do you have a medical condition that the School needs to be aware of?

RED AND YELLOW CREATIVE SCHOOL OF BUSINESS (PTY) LTD

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I have the following medical condition (please provide us with enough information to assist you if need be):

If you have Medical Aid, please provide the School with the details below.

- A. Name of your Medical Medical Aid: _____
- B. Medical Aid No: _____
- C. Name of principal member of Medical Aid: _____
- D. Contact details of Medical Practitioner to be contacted for medical history if necessary:

Please provide the School with an emergency contact person:

- A. Emergency contact details: Name and Relationship: _____
- B. Telephone: (work) _____ (home) _____
- C. (Cell) _____

Date: _____

Signature: _____