



To the Regional Commissioner, Scouter:

I, (Full names of Parent / Legal Guardian)

of (Address)

Postal Code:

Home Telephone:

Cell Number:

being the Parent / Legal Guardian of:

Child's full name:

(hereinafter referred to as 'Ward')

a member of the Group

hereby permit him / her to partake in the activity/camp referred to below

Camp/Activity:

Start Date:

End Date:

Location/Venue:

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place as parent/guardian with full authority to consent to my Ward undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.

I hereby DO DO NOT give permission for my Ward to participate in any water activities. I fully understand and accept that all activities are undertaken at my Wards own risk.

I am aware that neither SCOUTS South Africa, nor its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or any person associated with SCOUTS South Africa accept responsibility for any loss, injury or damage that the person or property of my Ward may sustain whilst engaged in any Scouting, including *inter-alia* transport to and from the activity.

I hereby waive any right that I may have in future, to claim compensation against SCOUTS South Africa or its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims.

I agree and authorize that photos, statements, audio visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

Signature Mother/Father/Legal Guardian: _____

Date:

Signature Witness: _____

Date:

Medical Aid / Family Doctor Details:

Name of Doctor:

Tel No:

Preferred Hospital:

Medical Aid Scheme:

Medical Aid Number:

Principal Member:

