SCOUTS South Africa

Consent and Indemnity Form
Events and Activities

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 (minor 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: _____

_____

_____

Date/Duration _____ 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 Chairmen, 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 or my Ward may have to claim compensation against SCOUTS South Africa or its Chairmen, 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 photo's, 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.

Signed: _____ Witness: _____
Mother/Father/Legal Guardian

Dated this _____ Day of _____ 20 _____

Name Doctor _____ Tel No _____

Preferred Hospital _____

Medical Aid Scheme _____

Medical Aid Number _____

Med Aid Prinicpal Member _____

E-mail: info@scouting.org.za **Website: www.scouting.org.za** **Tel: 0860 SCOUTS**
2013/v1

In the case of an emergency it is vital that the Scouter and/or person in Charge has as much personal information as possible. It is to your own benefit to fill this in completely and accurately!

Details of Scout

Full Names

ID Nr

Date of Birth (Day Month Year)

Age

Allergies

Medication (specific times/dosage/etc)

Previous medical conditions or any other medical conditions you feel are of relevance

Infectious Diseases

Physical Disabilities

Special Dietary Requirements

Parents Contact Details

	Fathers Details	**Mothers Details**
Name		
Home Phone		
Work Phone		
Cell Phone		
Contact First (tick)	☐	☐

Alternatively contact

E-mail: info@scouting.org.za **Website: www.scouting.org.za** **Tel: 0860 SCOUTS**
2013/v1