



SOUTH AFRICAN SCOUT ASSOCIATION Parent Consent and Indemnity

To: The Scouter

_____ Group.

I, _____, being the mother / father / legal guardian
of _____,
a member of the _____ Group, hereby request you to
allow him / her to take part in a camp / excursion to be held at _____
from _____ to _____.

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son / daughter / ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment. I fully understand and accept that all activities are undertaken at my son's / daughter's / ward's own risk.

I am aware that neither the South African Scout Association nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son / daughter / ward may sustain whilst engaged in any activity on the camp / excursion and I waive any right that I or my son / daughter / ward may have to claim compensation against the South African Scout Association or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Address: _____ Signed: _____
Mother / Father / legal guardian

_____ *Date*

Medical Aid: _____ Number: _____