ADULT CONSENT AND INDEMNITY FORM FOR EVENTS & ACTIVITES

I, (Full Name) _____ of (Full Residential Address) _____

hereby make formal application to participate in _____ from _____ to _____ to be held at _____

and the activities associated and connected with it.

I hereby appoint and authorize the Scouter in charge to act in my place, and if necessary to consent to my undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment where required.

I fully understand and accept that all activities are undertaken at my own risk. I am aware that neither the SCOUTS South Africa, nor its Scouters, Members, Agents or Affiliates accept responsibility for any loss, injury or damage that I may sustain whilst engaged in any Scouting activity. I waive any right that I may have to claim compensation against SCOUTS South Africa, its Scouters, Members, Agents or Affiliates in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity how so ever arising and I indemnify them against all claims.

I certify to the best of my knowledge, that I: *(*) Please delete that which does not apply*

1. Am / am not (*) suffering from a physical disability or illness which makes it inadvisable for me to attend the aforementioned event (If "am", please provide details)

_____

_____

2. Am / am not (*) suffering from any infectious disease and have / have NOT (*) been in contact with anyone so suffering during the past 14 days. (If "am" and/or "have", please provide details)

_____

_____

3. Am / am not (*) on any medication. (If "am", please provide details)

_____

_____

4. Do / Do not (*) suffer from an allergy / disability / health problem (If "do", please provide details)

_____

_____

I have read the SCOUTS South Africa Privacy Notice which sets out what my personal information will be used for and who it will be shared with.

SIGNED: _____

DATED: _____

At _____

SCOUTS South Africa

ADULT CONSENT AND INDEMNITY FORM FOR EVENTS & ACTIVITES

In case of an emergency during the aforementioned events please note the following contact information:

Tel (Home):	
Next of kin Cell Phone:	
Name of Family Doctor:	
Dr's contact number:	
Medical Aid Scheme:	
Medical Aid Contact Number:	
Principal Member:	
Card Number:	