

Activity Consent Form

I, the undersigned, as a person entrusted with the care and custody of the minor, understand that participation in this activity may involve certain risks.

As person entrusted his/her care and custody I am giving Consent for the minor, to participate in the named activities. I understand that participating in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I release the Scout Association of Malta, Xghajra Scout Group, the activity coordinators, volunteers, related parties or other organisations associated with the activity from all claims or liability arising out of the participation in this activity including but not limited to any reasonability for accidents or injury to participants or for loss of or damage to personal effects.

In case of emergency I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment for my child.

I give CONSENT for the following activities: (PLEASE TICK)

<input type="checkbox"/>	Swimming (weather permitting)
<input type="checkbox"/>	Canoeing (weather permitting)
<input type="checkbox"/>	Archery
<input type="checkbox"/>	Obstacle / mud course
<input type="checkbox"/>	Activities outside campsite

This is to confirm that we allow our son/ daughter _____ to attend _____ activity held on _____.

Father's/ Legal Guardian's printed name: _____

Father's/ Legal Guardian's printed Mobile: _____ Home: _____

Father's/ Legal Guardian's Signature: _____

Mother's/ Legal Guardian's printed name: _____

Mother's / Legal Guardian's printed Mobile: _____ Home: _____

Mother's / Legal Guardian's Signature: _____

(If different from above)

Please be informed that at the end of the activity, my son/ daughter will be picked up by:

Name: _____ Mobile: _____ ID Card: _____

Information in this form will be treated with STRICT CONFIDENTIALITY.

Kindly note the following information regarding my son/ daughter for the duration of this activity (if relevant)

Medical Conditions/ Medications / Dose

Other Notes (including contact of Medical Practitioner if deemed necessary)
