

ZIPLINE PARENTAL CONSENT FORM

Parental consent is requested for (enter event description)
being held on from hrs to hrs.
I, (name and surname of parent/guardian) agree to
..... (full name and surname of participant) taking
part in this activity and have read the information about the activity and event. In addition I acknowledge the
need for my child/ward to behave responsibly and adhere to the regulations issued by the Group's
leaders/instructors/helpers.

Medical Information about Participant

Are there any conditions requiring medical treatment or medication?	Yes / No
If yes, please give details	

Although every precaution will be taken to minimise risk, this is a strenuous and dangerous activity and can pose a risk of personal injury or death. By signing this form you are confirming that you have read this form and agree that:

- You (and/or your child/ward) are aware that this event is a potentially dangerous and strenuous
- You (and/or your child/ward) are not aware of any medical or other reason that you should not participate
- Your child/ward will listen carefully and comply with all instruction given to your child/ward by the instructors/ leaders/helpers

Name of Scout Group	
Participant's Name	
Participant's Signature	
Date	
Parent/Guardian Countersigned ID Card Nr	

Island Headquarters

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