

ZIPLINE INFORMED CONSENT FORM

Name & Surname	Male/Female	Date of Birth
Scout Group	Membership Nr	
Address		
Landline	Mobile	Email
I am a Cub Scout/Scout/Venture/Rover/Leader/Adult Supporter/Parent/Non-Scouting Person		
I am a Novice / Have Some Experience / Have Extensive Experience		

I am in good health and consider myself fit and able. I wish to attend and take part in a zipline activity to be held at on from hrs to hrs. I recognise that zipline is an activity with a danger of personal injury or death. As a participant in this activity, I am aware of and accept these risks and I am responsible for my own actions.

The Scout Association of Malta accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects.

Are you over 18 years old? Yes/No (if under 18 the Parental Consent Form must be completed too)

Do you suffer any medical conditions that we should be aware of? If yes, please give details

Are you taking any medication that we should be made aware of? If yes, please give details

If you have answered yes to either of the above questions, then please provide the name and phone number of your doctor

Please provide details of a home contact for the duration of the activity. Will they need informing if we are late back? Yes/No

Signed Date