

SOUTH AFRICAN SCOUT ASSOCIATION
GAUTENG AREA



CONSENT FORM

To: The Scouter.....Scout Group

I, (Full names of Legal Guardian).....

of (Address).....

..... Postal Code

Tel. N^o: (.....)..... Cell N^o:

being the Legal Guardian of (Ward's full name)

hereby make formal application for my ward to take part in the activities connected

with *.....

held at.....

from to

I hereby appoint and authorise the Scouter in charge to act in my place as Guardian with full authority to consent to my 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 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 ward may sustain whilst engaged in any Scouting activity and I waive any right that I or my 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 Scouting activity howsoever arising and I indemnify them against all claims.

SIGNED:
(Legal Guardian)

WITNESS:

DATED this day of 20.....

* Here insert: Competition/Camp/Hike/Expedition/Fun Day/Pack Holiday as the case may be.