

SOUTH AFRICAN SCOUT ASSOCIATION

PARENT CONSENT AND INDEMNITY

To: The Scouter

_____ Group

I, _____ being the mother / father /
legal guardian of _____ a member of the

_____ Group, hereby request you to

allow him/her to take part in a camp / excursion to be held at _____

from _____ to _____

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/ward/daughter 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 son's/ward's/daughter's own risk.

I am aware that neither the Scout Association of South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any activity on the course and I waive any right that I or my son/daughter/ward may have to claim compensation against the Scout Association of South Africa or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Address: _____

Signed: _____

Mother /Father/legal guardian

DATE

Medical Aid Society _____

Number _____