

To the Regional Commissioner, Scouter:

I, (Full name) _____

of (Address) _____

Home Telephone: _____

Cell Number: _____

a member of the _____ Group

hereby apply to partake in the activity/camp referred to below.

Camp/Activity: **Senior Scout Adventure**

Start Date: **11 December 2024** End Date: **24 December 2024**

Location/Venue: **Clanwilliam and Cederberg Mountains**

Participation in the Senior Scout Adventure carries risk for the participants. The nature of the Senior Scout Adventure is that of hiking with and/or without adult supervision in remote and mountainous areas of the Cederberg and participation in potentially hazardous activities at activity centres. While the Senior Scout Adventure takes reasonable precautions against foreseeable risks, both the nature of the Senior Scout Adventure and accidents make it impossible to ensure the complete safety of participants. Some examples of risks are: heat exhaustion; hiking accidents, activity centre accidents and accidents while in transit to, from and during the Senior Scout Adventure. Signing this consent form means that you understand and accept the risks involved for yourself.

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place, should I not be able to do so, with full authority to consent to myself undergoing surgical and/or medical treatment in the event that I cannot do so myself. I undertake to pay the costs of such treatment.

I fully understand and accept that all activities are undertaken at my own risk.

I am aware that neither SCOUTS South Africa, nor its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or any person associated with SCOUTS South Africa accept responsibility for any loss, injury or damage that the person or property of my Ward may sustain whilst engaged in any Scouting, including inter-alia transport to and from the activity.

I hereby waive any right that I may have in future, to claim compensation against SCOUTS South Africa or its Chairman, Commissioners, Scouters, Agents, Employees, Volunteers or other members, in respect of any loss, injury or damage incurred whilst engaged in any Scouting activity howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims.

I agree and authorize that photos, statements, audio visual recordings, video and sound bites taken, recorded and collected from my Ward during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

I am aware that I may request home hospitality on 11 December 2024 and 23 December 2024 for non Capetonians.

Signature:

Signature Witness:

Dated this _____ Day of _____ 2024

Dated this _____ Day of _____ 2024

This form is to be completed, signed and submitted for all participants **over the age of 18 as at 11 December 2024**. Please log on to the Adventure online application system (link provided at www.scouts.org.za/adventure) and upload this completed form by 30 September 2024.