

To the Regional Commissioner, Scouter:

I, (Full names of Parent / Legal Guardian) \_\_\_\_\_

of (Address) \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Being the Parent / Legal Guardian of:

Child's full name: \_\_\_\_\_

(heinafter referred to as 'Ward')

a member of the \_\_\_\_\_ Group

hereby permit him/her 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 your Ward.

I hereby appoint and authorise the Scouter, Chairman or Commissioner in charge to act in my place as parent/guardian with full authority to consent to my Ward undergoing surgical and/or medical treatment. I undertake to pay the costs of such treatment.

I hereby **Do Do Not** give permission for my Ward to participate in any water activities. I fully understand and accept that all activities are undertaken at my Wards 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.

\_\_\_\_\_  
Signature Mother/Father Legal Guardian:

\_\_\_\_\_  
Signature Witness:

Date this \_\_\_\_\_ Day of \_\_\_\_\_ 2024

Date this \_\_\_\_\_ Day of \_\_\_\_\_ 2024

This form is to be completed, signed and submitted for all participants **under the age of 18 as at 23 December 2024**. Please log on to the Adventure online application system (link provided at [www.scouts.org.za/adventure](http://www.scouts.org.za/adventure)) and upload this completed form by 30 September 2024.