

Activity Parental Consent Form

This is to confirm that I allow my son/daughter _____,
to attend the outdoor activities and workshops being organized by 'Gost Fil-Berah'
being organized by The Scout Association of Malta – Victoria and Xaghra Scout
Groups between 18th to 19th November 2017 at Dwejra, Gozo Malta.

Kindly note the following for the duration of this activity:-

Medical Conditions/Medications:

Other notes:

HOLD HARMLESS AGREEMENT

I, the undersigned, as person entrusted with the care and custody of the minor, understand that participation in this activity may involve certain risks. As person entrusted with his/her care and custody I am giving consent for the minor, to participate in the named activities. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I release the Scout Association of Malta and its groups, the activity coordinators, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation to which I must abide according to the rules, procedures and / or instructions.

In case of emergency I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment for my child.

Parent/guardian printed name _____

Parent/guardian signature _____

Telephone number _____ **Mobile number** _____