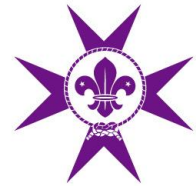




SCOUTS®

Nibnu Dinja Aħjar



THE *Scout* ASSOCIATION
OF MALTA

Consent / Approval Form for Minors (under 18 years)

This form is required to obtain the consent of a responsible guardian/parent for a member (under the age of 18) to participate in an activity, trip or expedition that is not part of the group's regular weekly/monthly recurring program. It is recommended that parents/guardians keep a copy of the form and contact the section leader in the event of any questions or in the case where an emergency contact is needed.

Additional copies of this form are available for download at <http://www.fgurascouts.org/downloads>

Name of Participant (minor): _____

Date of Birth: ____/____/____

Age During Activity: _____

Participating In: _____
(Name of activity, outing, event, trip, etc....)

Date of Activity: ____/____/____

Time - From _____ to _____

Without Restrictions

Special Considerations or Restrictions: _____
(Please Specify)

HOLD HARMLESS AGREEMENT

I, the undersigned; as person entrusted with the care and custody of the minor listed on this form, understand that participation in this activity may involve risks and I am aware of the nature and likelihood of such risks. Furthermore, I hereby give my consent for the minor to participate in the named activities. I understand that participation in the activities is entirely voluntary and requires the participant to abide by the applicable rules and standards of conduct.

I hereby release The Scout Association of Malta, the Fgura Scout Group, the activity coordinators, volunteers, related parties and/or other organisations associated with the activity from any and all claims or liability arising out of this participation and to which the participant must abide according to the applicable rules, procedures and/or instructions.

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

I confirm that I am aware of who the leader in charge of the activity is and how I can contact him/her in an emergency.

Parent / Guardian Name (in BLOCK letters): _____

Parent / Guardian Signature: _____

Emergency Contact Numbers: _____

Fgura Scout Group

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Full Member of The Scout Association of Malta