



Medjam18
1st - 8th August 2018
Consent and Waiver Form

I/we, whose details appear hereunder,

Name

N	a	m	e		1				
S	u	r	n	a	m	e		1	

Name

N	a	m	e		2				
S	u	r	n	a	m	e		2	

in my name or as the parent/legal guardian of

N	a	m	e		S	u	r	n	a	m	e				
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hereinafter referred to as participant, a member of the

G	r	o	u	p											
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Scout/Guide Group forming part of the

C	o	n	t	i	n	g	e	n	t						
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 contingent.

WHILST

Understanding that the MedJam18 planning team will with regards to the above participant, be relying on the declarations and information provided by ourselves/myself;

Understanding that the MedJam18 planning team cannot be held responsible for any incomplete or inaccurate information provided by parents and/or legal guardians; and acknowledging that the activities may involve an element of risk and may test the participant's physical fitness and stamina;

Understanding that the MedJam18 program will include but will not be limited to the activities list below,

I/we confirm my/our consent for the participant to attend the activities that have been marked :

Consent (mark as applicable)

Y	N	Abseiling / High ropes/climbing wall	Using harnesses and ropes to climb / descend structures.
Y	N	Paintball target shooting	Use of air powered guns to shoot paint filled bullets at targets
Y	N	Archery	Use of archery equipment to shoot at static target
Y	N	Obstacle course	Overcoming various obstacles in a race
Y	N	Boat Party	A day spent on board a boat, sailing around the Maltese islands
Y	N	Swimming / Water park	Swimming in the open sea or else in a pool, use of water slides / wave pool and other activities. Participants must be able to swim unaided.

Realising that despite all the activities containing a degree of risk, we/I understand that the MedJam18 planning team, will be taking all reasonable precautions to minimise the said risks and ensure the safety of the participant, understand that there is no guarantee against personal injury or loss;

Understanding that the participant is expected to conduct himself/herself in accordance with the rules of safety and instructions given by the MedJam18 planning team,

Understanding that the MedJam18 planning team, will not be responsible *vis-à-vis* participants and/or any other leader, NST or individual who fail to abide by the instructions given by the MedJam18 planning team, and decide to embark on independent activities without the knowledge and prior consent of the MedJam18 planning team,;

Understanding that the MedJam18 planning team, cannot be held responsible for any fortuitous event/s beyond the control of the MedJam18 planning team,





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AND

After having read and understood all the information included in this form, and after having carefully considered all the above together with the risks involved and whilst having full confidence that all reasonable precautions will be taken for the safety and well being of the participant; We/I hereby give our/my authorisation and consent for the participant to attend MedJam18 to be held between the 1st and 8th August 2018 at Ghajn Tuffieha Campsite Malta, and the activities listed on this form for which consent has been granted.

ALSO

We/I accept and consent that the information provided herein by ourselves/myself will be collected, processed, recorded, kept and utilised solely by the MedJam18 planning team under the supervision of The Scout Association and/or Malta Girl Guides, solely and entirely for the purpose of organising MedJam18. The forms will be retained for 5 years although access to the forms will be restricted to a strict “need to access” basis. The forms will be destroyed after the 5 year retention period elapses unless there are any legal reasons that prevent such destruction.

With regards to the relevant data protection directives, regulations and legislation, We/I hereby give our consent, and authorisation to the MedJam18 planning team and any of its volunteers to take photos, audio and/or visual recordings, audio and/or visual statements, video and/or sound bites of the participant, recorded and collected during any of the activities conducted during MedJam18 and may be collected, processed, edited utilised and published including on both printed material and the internet such as but not limitedly on social media, gratuitously by the MedJam18 planning team and any of its volunteers at the discretion of the MedJam18 planning team for the purpose of the marketing and/ or communication strategies promoting MedJam18.

Throughout this document, wherever the term “MedJam18 planning team” is used, this shall be construed to mean the members of the MedJam18 Planning team, head of groups, head of contingents, leaders in charge, NSTs, ISTs, camp helpers/volunteers, volunteers, representatives, activity and/or event holders/volunteers, activity and/or event sponsors/volunteers, together with any other third parties involved in the setting up and organisation of the said activities.

I declare that I am duly authorised to sign on behalf of the participant on my own / jointly (delete as applicable)

Name

N	A	M	E		1				
S	U	R	N	A	M	E		1	

N	A	M	E		2				
S	U	R	N	A	M	E		2	

Signature _____

Signature _____

Date

D	D	M	M	Y	Y
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D	D	M	M	Y	Y
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