



ABSEILING PARENTAL CONSENT FORM – APC Form 01

Parental consent is requested for (enter event description)
 being held on from hrs to hrs.

I, (name and surname of parent/guardian) agree to
 (full name and surname of participant) taking
 part in this activity and have read the information about the activity and event. In addition I acknowledge the
 need for my child/ward to behave responsibly and adhere to the regulations issued by the Group's
 leaders/instructors/helpers.

Medical Information about Participant

| | |
|---|----------|
| Are there any conditions requiring medical treatment or medication? | Yes / No |
| If yes, please give details | |

Although every precaution will be taken to minimise risk, abseiling is a strenuous and dangerous activity and can pose a risk of personal injury or death. By signing this form you are confirming that you have read this form and agree that:

- You (and/or your child/ward) are aware that this event is a potentially dangerous and strenuous
- You (and/or your child/ward) are not aware of any medical or other reason that you should not participate
- Your child/ward will listen carefully and comply with all instruction given to your child/ward by the instructors/ leaders/helpers

| | |
|---|--|
| Name of Scout Group | |
| Abseiler Name | |
| Abseiler's Signature | |
| Date | |
| Parent/Guardian Countersigned ID Card Nr | |

APCForm - Version 1.0 11 March 2012

Island Headquarters

Pjazza E.S. Tonna, Floriana, FLN 1480. Malta.

Tel: 00356 2122 4334 - Fax: 00356 2125 1382 - Email: info@scout.org.mt - Web: www.scout.org.mt - VO 0311