

K E S U – Event Consent Form**Date : 2011****Event: Ten Tors**

Ten Tors Event Consent Form

I hereby consent to this Explorer Scout attending Ten Tors 2011 and all associated training. I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the event to sign any documents required by the Hospital Authorities. I will advise you should any of the details below change

Explorer Name:	
Home Address:	
Date of Birth:	
Emergency Contact Nos : Home Mobile	
Date of last tetnus:	
Details of medicines currently being taken	Please note the unit will use the information supplied on the Unit Details and Medical Declaration if you feel changes have been made please advise us on separate written sheet
Parent or Carer Signature if under 18yrs Or Explorer signature if 18yrs	

The organisers must formally disclaim any responsibility whatsoever for any loss or injury at this Event. The event conforms to the rules of the Scout Association and those who are members of the Scout movement will be covered in the normal way by their Association insurance. We will be taking photographs during the event that may be used to promote the positive benefits of Scouting. If this is a problem please contact the leader Team.