

THE SCOUT ASSOCIATION ACCIDENT LIABILITY WAIVER FORM

You do not need to complete this form if you are a member of the Scout Association – that is, on the day of the hike, you will be an invested member of a Scout Troop, Explorer Scout Unit, member of the Scout Network or a Scout Active Support unit, or are a warranted Leader, Administrator or Commissioner. You are a member of the Scout Association if you are entitled to wear the Membership Badge. Full Members of the Scout Association’s sister movement, the Girl Guide Association, do not need to fill in this form either provided you indicate you are a WAGGS member on the cover form.



Please read and sign the declaration.

If you will be under 18 on the hike day, tick here and get a parent or guardian to also sign the declaration.



I understand and agree that neither Reading Central District Scouts nor the Three Towers Hike Committee as organisers and/or promoters of this event, nor any of its employees, officers, agents, sponsors or assigns (the “Released Parties”) may be held liable or responsible in any way for any personal injury, death, property damage, or other damages to me or my family, heirs or assigns that may occur as a result of my participation in this activity as a result of negligence of any party.

In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

I further hold harmless from the said activity the Released Parties from any claim or lawsuit for personal injury, property damage, or death by me, my family, heirs or assigns, arising out of my participation in this activity, including such claims arising during the activity or after I complete the activity.

I further indemnify the organisers/promoters from and against all legal liability in respect of any costs, claims, damages, demands, penalties, actions, proceedings, suits, losses or expenses in respect of or arising out of the injury to or the death of any person, or damage to any property arising from my participation in the activity.

I understand that the hike requires me to have a level of physical fitness capable of undertaking the hike. I will abide by the rules and accept the Hike Director’s decision as final.

I further state that I am of lawful age and legally competent to sign this liability release/indemnity or that I have acquired the written consent of my parent/guardian.

Participant’s Name (PRINT IN CAPITALS)	Signed and dated by applicant	
		Date
Member of Team / Group	Signed and dated by parent	
		Date

