

Kon Tiki 2026

Adult Consent Form



Team Number:

Web: <http://kontiki.scouting.org.za>

I, (Full Name) _____ of (Full Residential Address) _____

hereby make formal application to participate in Gauteng *Kon Tiki* from the 15th to 17th May 2026 held at Arrowe Park, Benoni and the activities associated and connected with it. I hereby appoint and authorise the Camp Chief to act in my place, and if necessary to consent to my undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment where required.

I fully understand and accept that all activities are undertaken at my own risk. I am aware that neither the South African Scout Association, nor its Scouters, accept responsibility for any loss, injury or damage that I may sustain whilst engaged in any Kon Tiki activity. I waive any right that I may have to claim compensation against the South African Scout Association or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any Kon Tiki activity howsoever arising and I indemnify them against all claims.

(* Please delete that which does not apply:

I certify to the best of my knowledge, that I:

1. am / am not (*) suffering from a physical disability or illness which makes it inadvisable for me to attend Kon Tiki (If "am", please provide details):

2. am / am not (*) suffering from any infectious disease and have / have NOT (*) been in contact with anyone so suffering during the past 14 days. (If "am" and/or "have", please provide details):

3. am / am not (*) on any medication. (If "am", please provide details):

4. do / do not (*) suffer from an allergy / disability / health problem (If "do", please provide details):

SIGNED: _____ DATED: this _____ day of _____ 20__

In case of an emergency during Kon Tiki my contact number and other details are:

ICE Number: _____ Doctor & Number: _____

Medical Aid Scheme: _____ Member Number: _____