

Merton Music Foundation: Indemnity Form

(Tour members aged 18 or over are required to answer the following questions and sign the declaration on their own behalf).

- 1. MERTON YOUTH MUSIC TOUR 2018 from Friday 20th July to Wednesday 25th July 2018** at times as outlined in the Merton Music Foundation's Concert Tour information. (Please refer to the tour itinerary.)

I agree to _____ (Full Name) taking part in the above-mentioned tour as outlined in the Tour Programme. I also agree to his / her participation in the activities as described.

2. CODE OF CONDUCT

I acknowledge the need for _____ to behave responsibly and agree to abide by the **Code of Conduct**. (Please refer to the Code of Conduct sheet.)

3. MEDICAL INFORMATION ABOUT YOUR CHILD [OR YOU, IF 18 OR OVER]

- | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| i. | Has your child [or you] received vaccination against Tetanus in the last five years? | YES | NO |
| ii. | Has your child [or you] had any of the following?: | | |
| | • An operation or procedure in the last six months | YES | NO |
| | • Asthma | YES | NO |
| | • Heart Condition | YES | NO |
| | • Fits, fainting or blackouts | YES | NO |
| | • Severe headaches | YES | NO |
| | • Diabetes | YES | NO |
| | • Allergies to any known drugs or medicine | YES | NO |
| | • Any other allergies (e.g. food, materials, insect bites) | YES | NO |
| iii. | Has your child [or you] been given specific medical advice to follow in emergencies? | YES | NO |
| iv. | To the best of your knowledge, has your child [or you] been in contact with any contagious or infectious diseases or suffered from anything in the last 4 weeks that may be contagious or infectious? | YES | NO |
| v. | Is your child [or you] allergic to any medication? | YES | NO |

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- vi. Do you agree that your child is given paracetamol tablets when necessary under the supervision of a qualified First Aider? [Under 18's only] YES NO

If the answer to any of questions (i) to (v) is YES please attach details (including dosage of any medicines/tablets)

Name, address and telephone number of family doctor:

4. Next of Kin Details (a close relative or friend)

Name _____ Relationship _____

Address _____

Phone Number 1 _____ Phone Number 2 _____

5. Declaration [Please answer for yourself if 18 or over]

- i. I certify that so far as I am aware my child is [I am] medically fit to undertake the Merton Youth Music Tour and that there are no known health reasons why he/she [I] should not do so. My child is [I am] not travelling against medical advice. Any conditions that require ongoing treatment or medication (e.g. Asthma and Diabetes) are medically "under control". I will inform the Party Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.
- ii. I have ensured that my child [I] understands that it is important for his/her [my] safety and the safety of the group that any rules and instructions given by the staff in charge are obeyed.
- iii. I understand that, while MMF staff in charge of the party will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my child [myself] arising out of the journey.
- iv. I agree to indemnify the Merton Music Foundation, its employees and agents from and against all liability for injury, loss to person or persons including death, damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child [myself] unless the illness, injury or death was due to the negligence of Merton Music Foundation, its employees or agents.
- v. I consent to any emergency medical treatment required by my child [myself] during the course of the tour.

Signature of Parent/Guardian for members under 18 on 20th July 2018:

_____ Date: _____

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Signature of member if 18 or over on 20th July 2018:

_____ Date: _____

A copy of this form must be taken by the group leader. A copy must also be retained by the MMF Office.

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