

THE LINK STEM GRADE 10 INNOVATION CHALLENGE PARENTAL/GUARDIAN CONSENT

Scholar Name and Surname: _____

School Name: _____

INFORMED CONSENT AND ACKNOWLEDGEMENT

I hereby give my approval for the above mentioned scholar's participation in any and all activities prepared by SA Airlink (Pty) LTD ("Airlink") during the selected challenge. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Airlink and all its employees, directors, agents, subcontractors and representatives from any and all liability for injuries to said scholar arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Airlink including all its employees, directors, agents, subcontractors, representatives, affiliates, participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

MEDICAL RELEASE AND AUTHORISATION

I hereby authorise the diagnosis and treatment by a qualified and licensed medical professional, of the scholar child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the scholar's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. This release is authorised and executed of my own free will, with the sole purpose of authorising medical treatment under emergency circumstances, for the protection of life and limb of the, in my absence.

Does the scholar have any allergies, chronic illness, or medical conditions? If yes, please describe.

PHOTO RELEASE

I grant Airlink the right to take photographs of the named scholar in connection with the above-identified challenge. I authorise Airlink to copyright, use and publish the same in print and/or electronically. I agree that Airlink may use such photographs for any lawful purpose.

Name*	Surname*	Relationship*	Email	Contact Number*

* require fields

Emergency Contact: _____

Sec. Emergency Contact: _____

Signature: _____

INSERT SCHOOL STAMP HERE