



Whiz Limited
38/8 Mark Apartments
Triq Karm Zerafa
Birkirkara
C 71655
info@whiz.com.mt

OPEN CONSENT FORM

I/WE, the undersigned, consent to our son/daughter _____
attending _____ (write name of the Whiz Programme/
Event) which will be held on _____ (write the date/s).

Whilst I/WE appreciate that Whiz Team Leaders & Assistants take every precaution to protect my child's health and welfare, I/WE, the undersigned AGREE NOT TO SEEK DAMAGES FROM ANY TEAM MEMBER / GROUP LEADER / Whiz Limited, in case our child sustains any injury or accident during one of the Whiz Events, provided that the injury / accident was not sustained due to gross negligence on the part of any team member or representative of Whiz Limited.

EMERGENCY

In case of EMERGENCY, if we cannot be contacted promptly, we hereby GIVE PERMISSION to Whiz Team Adventure or Team Leader/Assistant in charge, to accompany my child when seeking medical assistance from any medical practitioner, nurse, doctor, Health Centre or Hospital, so as to give the best assistance necessary for the welfare and health of my child.

YES **NO**

In case of emergency contact us on this telephone number/s:

FULL NAME of Parent/Guardian 1: _____

ID Card Number: _____ Mob Number: _____

Signature: _____

FULL NAME of Parent/Guardian 2: _____

ID Card Number: _____ Mob Number: _____

Signature: _____

NAME & SURNAME of Child: _____

DATE