



The Duke of Edinburgh's Award in Bermuda

Box HM1577, Hamilton HM GX, Bermuda | dofe@theaward.bm | +1.441.537.4868 | www.theaward.bm

Participant Enrolment Form

Participant Details *(Please print clearly)*

Last Name _____ First Name _____

Home _____ Postal Code _____

Home _____ Mobile _____ email _____

Age _____ Date of Birth _____ / _____ / _____ Male Female
month day year

Award Group _____ Award Leader's Name _____

I would like to enter the Award at Bronze Silver Gold

Signature of Participant _____ Date _____ / _____ / _____
month day year

Consent of Parent/Guardian *(for participants under 18 years of age)*

I agree to my Son/Daughter/Ward participating in The Duke of Edinburgh's Award in Bermuda and agree to the waiver and indemnity set out below.

Name of Parent/Guardian _____ Date _____ / _____ / _____
month day year

Signature of Parent/Guardian _____

I allow images of my Son/Daughter/Ward to be used by the DofE for promotional purposes. Yes No

Adventurous Journey Waiver & Indemnity

To: The above Award Group and The Duke of Edinburgh's Award in Bermuda (the "DofE").

We, the above signed Parent or Guardian, understand that the above participant takes part in any Adventurous Journey and/or Expedition *(whether practice or main expedition)* at his/her own risk as part of the DofE.

The Award Group and the DofE will be under no liability whatsoever to the participant or to us. We and the participant waive all claims *(including negligence claims)* against and indemnify the Award Group and the DofE for any injury or loss sustained *(whether resulting from negligence or otherwise)* as a result of the above participant taking part in any Adventurous Journey and/or Expedition *(whether practice or Qualifying Adventurous Journey)* sponsored or organized by the Award Group or the DofE or any of their Leaders, Assessors or Agents.

We understand that this waiver and indemnity extends to the Leaders, Assessors or Agents of the Award Group and the DofE and is governed under Bermuda law.

For further assistance, if needed, please contact the National Director *(see contact details above)*.

Name of Award Leader _____

Signature of Award Leader _____

Date _____ / _____ / _____
month day year

Record Book Issue Date _____ / _____ / _____
month day year

Award Section Options

(For Award Leader Use only)

Service _____

Contact _____

Skills _____

Contact _____

Physical Rec. _____

Contact _____