



# The Duke of Edinburgh's Award in Bermuda

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**Award Centre:** \_\_\_\_\_

## Participant Enrolment Form

*A Participant Enrolment Form MUST be submitted to the Bermuda National Award Authority at EACH Award Level.*

### 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 Level  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 \_\_\_\_\_

Mobile \_\_\_\_\_ email \_\_\_\_\_

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

Service \_\_\_\_\_

Contact \_\_\_\_\_

Skills \_\_\_\_\_

Contact \_\_\_\_\_

Physical Rec. \_\_\_\_\_

Contact \_\_\_\_\_