



(To be completed if the participant is under 18 during the fundraising and preparation stage. Participants must be 18 years old by 4 September 2026 to be able to take part in the event.)

TERMS AND CONDITIONS

I, the undersigned, am the parent / legal guardian of the participant named on page 3.

- I confirm that I have read and understood MAF Co-Pilot's Isolation Trial participant agreement and medical declaration form.
- I give permission for my child to raise funds for MAF (Mission Aviation Fellowship) and to take part in the Isolation Trial.
- I understand that MAF cannot be held responsible for any injury, illness, loss or damage that may occur during the event.
- I understand that my child is responsible for the kit, food and additional costs related to any preparation they undertake and accommodation needed before the event, plus travel costs for getting to and from the event. These must not come out of any funds raised.
- I understand that the event will start and end in Glasgow.
- I understand that my child is very unlikely to have phone reception or Wi-Fi during the event due to the remote location. (In addition, they will be asked to put any devices on to 'plane mode' to fully enter the experience.) So, they are unlikely to be in contact. There will be an Isolation Trial support team and a contingency plan in case of any emergencies, so you will be contacted by a member of the team if an emergency involving your child occurs. A first aider will be with the group throughout the trip.
- I understand that I will be provided with a contact number to use in case of an emergency.
- I understand that my child will be provided with plenty of filling food during the event, but it will be basic, in solidarity with some of the people we serve. This will most likely consist of oats, lentils, rice and trail mix, though the food will be adapted to suit the dietary needs of the group. MAF will also provide a water filter.
- I understand that Lost Sheep Guiding will provide a tent (which your child will share with one other young adult of the same sex), sleeping bag, roll mat to sleep on, cooking facilities, and any safety equipment.
- I understand that my child will be provided with a kit-list which it will be their responsibility to source and bring. It will consist of a rucksack, boots and clothing. The cost of these mustn't come out of any funds raised. They will be given an Isolation Trial handbook for specifics.



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- I understand that the Isolation Trial will involve my child carrying their kit and some dried food for the trip, plus their share of the camp kit.
- I understand that the total distance covered from Friday to Sunday will be approximately 25km (15.5 miles) and will involve approximately 750 metres of ascent.
- I understand that participation in outdoor activities involving overnight stays in remote and isolated terrain involves inherent risks, including but not limited to unpredictable weather and limited access to emergency services. While every effort will be made to ensure the safety and wellbeing of all participants, individuals take part at their own risk.
- To mitigate foreseeable risks, we will conduct thorough risk assessments, ensure appropriate safety equipment and first aid is available, and have contingency plans in place prior to departure. We will choose from several planned and risk-assessed routes, depending on the variables. The departure and return location, plus approximate overall distance and ascent will remain the same.
- I understand that it will be essential that my child follows any instructions given by Lost Sheep Guiding and / or MAF. Should they choose not to follow instructions from Lost Sheep Guiding and / or MAF, they will no longer be MAF's responsibility.
- I give consent for MAF to use photographs, videos and written story material for use in internal and external publicity, fundraising and prayer communications – including those of my child – unless I notify MAF in writing before the event. This material will be stored securely on MAF's servers where members of MAF can access it for their legitimate use. This may include disclosing and sharing material with third parties, including MAF supporters and media channels. Examples of these communications include, but are not limited to posters, leaflets, brochures, adverts, emails, e-newsletters, blogs, web pages, social media posts, presentations, press releases and other materials.
- I understand that my child is required to act responsibly and in line with MAF's statement of faith, purpose, vision and values. Mission Aviation Fellowship is a Christian mission organisation.
- I understand that my child's participation in this event requires their agreement to a Non-Disclosure Agreement (NDA) not to share any details about:
 - o The event location
 - o The event route
 - o The team activities involved.

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This is in order that MAF can replicate the event in subsequent years whilst maintaining an air of mystery surrounding it.

- I understand that if my child can't participate in the event for any reason, I must notify MAF as soon as possible and that any funds raised for MAF must still be given to the organisation.
- I understand that in the event of extenuating circumstances which result in the postponement of the event, all travel costs incurred and funds raised will remain non-refundable.

Participant details (your child)

Full name: _____

Date of birth: _____

Address: _____

Postcode: _____ Mobile number: _____

HEALTH AND MEDICAL DECLARATION

Please provide details to help us support your child safely during the event:

Does your child have any medical conditions, ie asthma, diabetes, epilepsy, etc?

☐ No ☐ Yes (please give details) _____

Does your child have any other conditions that might affect their ability to complete the Isolation Trial?

☐ No ☐ Yes (please give details) _____

Does your child have any injuries – recent or past – that might affect their ability to complete the Isolation Trial?

☐ No ☐ Yes (please give details) _____

Does your child have any allergies (including to medication) or food intolerances?

☐ No ☐ Yes (please give details) _____



Is your child currently taking any medication?

☐ No ☐ Yes (please give details) _____

YOUR DETAILS, EMERGENCY CONTACT AND SIGNATURE

Parent / legal guardian details

Full name: _____

Relationship to participant: _____

Address: _____

Postcode: _____ Mobile number: _____

Email: _____

Emergency contact if different from parent / guardian (must be 18 or over)

Full name: _____

Relationship to participant: _____

Address: _____

Postcode: _____ Mobile number: _____

Email: _____

I confirm that, to the best of my knowledge, the above information is correct.
I agree to the terms and conditions. I agree to my child receiving first aid or medical treatment in an emergency, if required.

Signature of parent / legal guardian: _____

Date signed: _____

If at any time you have questions or concerns,
please contact:
Manda Wilson, Co-Pilot Fundraising Engagement Lead, at
manda.wilson@maf-uk.org