



Brookhouse Schools
Magadi Road, Langata
P O Box 24987 Nairobi 00502
Kenya off Langata Road
Tel: +254 (0)20 243 0261-6
Tel: +254 (0)722 204 413
info@brookhouse.ac.ke

RSIC2023 GENERAL PERMISSIONS AND INDEMNITIES ADULT DELEGATES

Please complete the permissions and indemnity form below in full and sign at the end of the document:

I _____ (Adult delegate's full name)

hereby

1. Acknowledge the risk involved in attending this conference and hereby release Round Square, Brookhouse Schools, and any individual involved in the hosting of the conference from any and all liability resulting in any injury and/or loss of life and/or loss of possessions and/or any and all damages arising from any cause whatsoever in connection with any aspect of the conference, including, without limiting the general foregoing, travel to/from the conference venues, **provided however that this waiver and release shall not apply in the case of negligence or wilful misconduct on the part of anyone involved in the conference.**
2. I acknowledge that, whilst reasonable care is taken for each delegate's safety, health and general welfare, there is an inherent risk involved in overseas travel, and in participating in the sort of adventurous activities that will be an integral part of the conference experience. I understand that these will be minimized by staff training, and briefings, and by application of Brookhouse School's Health and Safety Policies, Risk Assessments and Incident Management plans, and those of Conference Venues and Activity Providers. However, I understand that residual risks of personal accident will inevitably remain.
3. I am aware that I may be offered the option of taking part in adventurous activities such as running, climbing, and water sports (for those that have confirmed they can swim). I am aware these activities have danger of personal injury or even death. Should I decide to take part in these activities, I will do so fully aware, and accepting, of these risks. I will take appropriate care for my own safety.

Signature of Adult Delegate:

Date:



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RSIC2023 TRANSPORT PERMISSIONS AND INDEMNITIES

ADULT DELEGATES

Please complete the Transport Permissions form below to cover all ground transport in Kenya arranged by Brookhouse School from airport arrivals pick-up at JKIA on 8th October to drop-off on 14th October.

I _____ (Adult delegate name)

hereby agree to being transported from the arrivals airport to Brookhouse School on 8th October and from there to onward activities, wherever in they are, and back to the airport on 14th October

I understand that if my school has made alternative arrangements for travel and/ or for trips and tours either before the conference or after the conference, in these instances Brookhouse School will not be arranging transport, but this will be the responsibility of my school.

I understand, and my signature below confirms my understanding, that I may be transported in several different ways (please tick all four of them to acknowledge and give consent):

- AIRPORT TRANSFER - Buses, coaches, school vehicles and minibuses operated by Brookhouse School and/ or a third-party provider to Brookhouse School from, and to, the airports for arrival to, and departure from, the Conference.
- ACTIVITIES - Buses, coaches, school vehicles and minibuses operated by Brookhouse School and/ or a third-party provider to Brookhouse School, throughout the week for visits and excursions to venues and sites during planned Conference activities.
- NATIONAL PARK – Buses operated by Brookhouse School and/ or a third-party provider to Brookhouse School, to and from, and within Nairobi National Park for an overnight adventure, team building and bonding activities.
- COMMUNITY SERVICE – Buses, coaches, school vehicles and minibuses operated by Brookhouse School and/ or a third-party provider to Brookhouse School, for travel to, and from, different Brookhouse School service partners (where students will be working on refurbishing classrooms, painting walls, murals, planting trees and clean-up activities etc)

Signature of Adult Delegate: _____

Date: _____



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RSIC2023 MEDIA PERMISSIONS AND RELEASE ADULT DELEGATES

Please complete the media permissions and release form below in full and sign at the end of the document. This form must be completed by the every adult delegate who will be attending the Round Square International conference in October 2023 in Kenya.:

Please note that this form is only applicable to official photography organised by Brookhouse School or Round Square and does not cover delegates and their friends taking photos of themselves, or delegates' schools taking photographs. This is not something over which we have control.

To be completed by the Adult delegate

I consent to being photographed and/or filmed and/or recorded (audio) during the RSIC2023 and I understand that these images may be used by Round Square, or Brookhouse Schools for publicity, including, but not limited to, social media, website, printed marketing material and in the media. I agree to photographs and film and audio recordings of me at the conference being used in this way.

YES

NO

If you answered "no" above, please tick here to confirm that you understand that it is your responsibility to remove yourself from situations in which photographs or film is being taken, and make it known that you do not wish to be photographed. This will include all official conference photographs and the official conference video.

Signature of Adult Delegate:

Date:



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RSIC2023 DELEGATES' CODE OF CONDUCT - ADULTS

Whilst attending a Round Square Conference, we ask that delegates are respectful of the peoples, cultures and traditions of the country they are visiting. We ask that, in the spirit of Round Square, all delegates meet a new cultural experience with an open mind and a readiness to participate fully. To help with this we ask that you read and sign the code of conduct below, and that you ensure your students have fully understood the student code of conduct.

For the RSIC2023, we ask that Adult Conference Delegates abide by the same key rules as student delegates, to:

- abide by the customs, regulations and laws of Kenya at all times during the conference;
- be ready to fulfil requests and follow instructions from Baraza Leaders and hosts, and to meet your responsibilities as a delegate, in particular by joining in, and being in the right place at the right time;
- participate positively, and fully, with flexibility, patience and open-mindedness;
- actively listen, and show due respect to, keynote speakers and Baraza Leaders, and any adult leading an activity, including switching off mobile phones during keynote speeches;
- aim to work, and live, respectfully with others in your group, at your host Oxford College, and host School;
- avoid public displays of affection, or romantic relationships, or becoming involved in any exclusive behaviour, including forming cliques, or isolating yourselves from the group in any way;
- respect and uphold Round Square's ban on consumption of alcohol or smoking by student delegates, whether underage or not, and zero tolerance for consumption of recreational drugs by any delegate;
- use a common language (usually English) when groups of different nationalities are together.

In addition, we ask that as an Adult Delegate you:

- maintain duty of care for your delegation at all times, ensuring that they fully understand the rules, making regular checks on their health and wellbeing, knowing their whereabouts, checking that they have been picked up and dropped off by their host families each day;
- ensure that at least one adult from your delegation is fully on duty for your delegation at all times, meaning that they are present and available in the same location or on the same activity as their students, have not consumed alcohol, and are not incapacitated in any other way (e.g. through illness), in which case the other adult must take responsibility for the delegation;
- report any serious issues, illness or injuries within your delegation to the adult hosts at your college/school so that they can facilitate appropriate care.
- Maintain and uphold the highest standards of safeguarding in all aspects of the conference.

I understand this Code of Conduct and have reviewed it and understand it. I will abide by it during the RSIC2023.

Signature of Adult Delegate: _____ Date: _____



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RSIC2023 ADULT DELEGATE MEDICAL INFORMATION, PERMISSIONS FOR TREATMENT AND WAIVERS

Please read through this form and complete the medical information, permission for treatment and waivers in full and sign at the end of the document.

This signed form will be uploaded to Round Square's secure and confidential cloud, to be shared only with medical professionals and those adults closely responsible for the health and welfare of delegates during their time at the Conference. Please fill it in as fully as possible.

We recommend that delegates visit a travel medicine/ vaccine specialist or a doctor familiar with travel medicine at least 6 weeks before they travel. Your doctor will be able to provide information, answer any questions, and make specific recommendations about staying well during your trip, and any precautions to take.

Your Name: _____ Date of Birth: _____
Your School: _____ Nationality: _____

EMERGENCY CONTACT DETAILS

Name of your emergency contact: _____
Their email Address: _____
Phone Number (inc. country dial code) _____
Residential Address: _____

THE BASICS

Do you have any of the following?

Asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Migraines	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Epilepsy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Hay fever	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Allergies	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>



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If you ticked YES to Asthma, Epilepsy, Diabetes, Migraines, Hay fever or Allergies, OR you have a similarly categorised condition (i.e. one that is recurring and/ or managed by medication) please provide more information here (including any remedies that are taken or used in the event of a flare-up/ episode)

YOUR MEDICAL INSURANCE

Who is your Health Insurance Provider?

What is your Policy Number?

Their contact phone number (with international dial code)

Their email address/ live chat link

YOUR IMMUNISATIONS/ VACCINATIONS

Please TICK IF YOU ARE FULLY VACCINATED and enter most recent immunisation date for each vaccine (if known), even if it is approximate year. This is so that we know if you are up to date, or, conversely if you might have a reaction to a vaccine you have received recently:

Immunisation	✓	Most recent date	Immunisation	✓	Most recent date
Covid			Diphtheria		
Polio			MMR		
Hepatitis A			Typhoid		
Hepatitis B			Tetanus		
BCG			Meningitis		
Yellow Fever			Chicken Pox		



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ANY CURRENT ISSUES OR TREATMENT

Are you currently undergoing any type of medical treatment?

YES

NO

If YES please explain what that treatment is and/or tell us about any other medical issue you would like the conference organisers/ medical support for the conference to be aware of

Are you currently taking any regular medication that you will/ may still be taking at the time of the Conference?

YES

NO

If YES please tell us what you are taking and in what dosage and frequency?

Do you self-medicate with any prescription or non-prescription meds?

YES

NO

If YES please tell us which medicine(s) you will be self-medicating and how/ what form it takes (e.g. liquid, tablets, sprays, injections etc.)?



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Are you currently under the care of a therapist counsellor or psychiatrist?

YES

NO

Is there any relevant psychological information you would like to share with us, in confidence, to assist us in looking out for your mental health and welfare during the Conference?

Have you recently undergone any operations or are you recovering from any significant injuries (e.g. broken bones)

YES

NO

Please give any details you are happy to share with us

Have you recently had COVID or any other illnesses that might leave you less-able to participate fully in more energetic conference activities

YES

NO

Please give any details you are happy to share with us



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Do you have any long term or short term physical impediments or needs that mean you require particular/ special support?

YES

NO

Please give any details you are comfortable sharing with us about a physical impediments you may have

Is there anything else you want to tell us about your health, wellness and wellbeing that will assist us in looking after you during your stay with us in Kenya?



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CONSENT FOR MEDICAL TREATMENT WHILST ATTENDING THE RSIC2023

It may be necessary to treat you for illness or ailments during the conference. Please tick the boxes on the right to agree to each of the following (write NO if you disagree), and sign at the end

	TICK/ NO
I give consent to me being treated in the case of minor injuries / ailments. This could include the administration of paracetamol, ibuprofen, or antihistamines.	
I give consent to me receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic.	
In the event of an emergency I give my consent to me to receiving a blood transfusion, if considered necessary by the medical authorities present.	
I give consent for me to be resuscitated if required.	
I confirm that I have provided all important medical information and important information for my wellbeing to the best of my ability above.	
I agree to pay all medical and dental expenses incurred.	

Your signature: _____

Date: _____

CONSENT FOR SHARING YOUR PERSONAL DATA

The personal and sensitive data provided on this form will only be used for the purpose of keeping you safe during the Round Square International Conference 2023 (taking place in the Kenya from Sunday 8th to Saturday 14th October 23).

Data collected from you that specifically relates to your participation in this Conference may be shared, on a need-to-know basis, with Brookhouse School Staff who are involved with hosting the conference and/or with a third-party provider that has been commissioned by Brookhouse Schools to deliver part of the conference experience and/or with trained medical professionals, and/or with your child’s own school. Other than for these purposes, Brookhouse Schools will not provide, to any company or organisation, any information collected from conference delegates that personally identifies them, unless it is required to do so by law, Court Order by the Government, or law enforcement authorities.

Please sign below to confirm that you understand, and consent to, your data being used in this way:

Signature of Adult Delegate: _____

Date: _____