Future Pathways - Parental Indemnity & Consent Form

See the future before you choose it. | Founding cohort: starts 12 August 2026, Harare.

Please complete, sign, and upload this form with your registration (or bring it on the day).

PARTICIPANT (CHILD) DETAILS

Full name: _____ Age: _____ Grade: _____
School: _____

PARENT / GUARDIAN DETAILS

Full name: _____
Phone / WhatsApp: _____ Email: _____
Emergency contact name & number: _____

MEDICAL & DIETARY NOTES (allergies, conditions, medication, accessibility)

_____
_____

CONSENT & INDEMNITY

I confirm that I am the parent/legal guardian of the participant named above and I consent to their participation in the Future Pathways industry-exposure programme, including supervised travel and movement between host-company sites.

I understand that Future Pathways caps each cohort at 15 participants and that a named facilitator supervises the group throughout. I have disclosed all relevant medical information above. To the extent permitted by law, I agree not to hold Future Pathways, its facilitators, or host companies liable for any loss, injury or damage arising during the programme, except where caused by proven negligence.

I authorise Future Pathways to seek emergency medical assistance for my child if needed, and I accept communications from Future Pathways about this cohort.

[ ] I also consent to photographs/video of the programme being used in Future Pathways communications and social media (optional).

Signature: _____ Date: _____

Questions? WhatsApp +263 77 960 5237 - fadzai@futurepathways.co.zw