

TROOP 14 ACTIVITY INFORMED CONSENT, RELEASE AGREEMENT, & AUTHORIZATION

This form is for the consent & approval for the listed Scout to participate in all activities sponsored or conducted by Troop 14 during the calendar year **2021**.

SCOUT LAST NAME _____ SCOUT FIRST NAME _____

Patrol _____ Date of Birth _____ Age _____

Full Address _____

I _____ Parent / Legal Guardian's Name (please print)

understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the chartered organization, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Restrictions: No Yes _____

Medications: No Yes _____

Allergies: No Yes _____

Parent/Guardian Signature: _____ Date _____

Emergency Contacts	Relation	Contact Information
		Cell: Home: Email:
		Cell: Home: Email: