

# Boy Scout Troop 115 Activity Permission Slip

As the parent or legal guardian of (full name, printed) \_\_\_\_\_

(Adult participants, print your own name)

Birth date (month/day/year): \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

I hereby give my permission for the individual listed above to participate in activities with BSA Troop 115.

The period of this permission is from \_\_\_\_\_ to \_\_\_\_\_

Or for this single named event: \_\_\_\_\_

Without restrictions

Special considerations or restrictions: \_\_\_\_\_

## Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities from any and all claims or liability arising out of this participation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

In case of emergency I can be reached by:

Primary contact number: \_\_\_\_\_ Alternate contact number: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_ at phone \_\_\_\_\_

2<sup>nd</sup> alternate contact (optional): \_\_\_\_\_ at phone \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Participant (if adult) or parent/guardian signature \_\_\_\_\_

Participant (if adult) or parent/guardian printed name \_\_\_\_\_

Please include any other notes for troop leaders \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if you have included any further information on the back of this form.