

Activity Consent Form and Approval by Parents or Legal Guardian

BSA Troop 85 Williamsville, NY

First Name of Participant _____ Middle Initial _____ Last Name _____

Address _____ Date of Birth ____/____/____ Age during Activity _____

City _____ State _____ Zip Code _____

Has approval to participate in Troop 85 activities including meeting, campouts, fundraisers, and community services.

This consent covers the scouting year starting September 1, 2011 to August 31, 2012.

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 my consent for myself or my child to participate in Scouting activities. I understand that participation 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 activity from any and all claims or liability arising out of this participation.

In case of 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 but not limited to hospitalization, anesthesia, surgery, or injection of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participants, follow-up, and communications with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participants Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Numbers

Home Phone _____ Cell Phone _____ Cell Phone _____

Alternate Contact Name _____ Home Phone _____ Cell Phone _____