

Waiver of Responsibility
Boy Scout Troop 412
Sponsor: Mt. Carmel United Methodist Church

Activity: Assateague Island Fishing Trip (2 nights of camping)

Place and Time: Assateague Island; September 18-20

Place and Time of Drop Off: Pop's at 5:15 pm; **if your Scout needs a ride please make arrangements.**

Place and Time of Pick Up: Pop's; the boys will call. **Please make arrangements if your Scout needs a ride.**

Additional info: Cost: Scouts and Adults 13 years old and older: \$55 Scouts under 12 years old \$32

(Detach and return the bottom portion)

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In consideration of the benefits to be derived and in view of the fact that they Boy Scouts of America is an educational institution, membership is voluntary and having full confidence that every precaution will be taken to ensure the safety and well being of my scout namely:

First name (Please print) \_\_\_\_\_  
Last name (Please print) \_\_\_\_\_

On the activity named above, I agree to his participations and waive all claims against the leaders of this trip, officers, agents, and representative of the Boy Scouts of American and the sponsor of Troop 412.

\_\_\_\_\_  
Signature of parent or guardian Date

During the activity stated above I can be contacted at the following numbers and will accept long distance all charges

Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

This Scout is highly allergic or sensitive to: \_\_\_\_\_

What, if any, medications are this Scout taking? \_\_\_\_\_

Are there any special instructions for this medication? If so what are they?  
\_\_\_\_\_

Do you want the leader to carry the medication? \_\_\_\_\_

Use the back for additional information and for explanation of any other problems the activity leader should be aware of prior to leaving for the trip.

Date of last tetanus shot \_\_\_\_\_

Medical Insurance information:

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

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