

Activity Consent Form

Boy Scout Troop 591

Westford, MA 01886
scouttroop591.org

Note: Each individual wishing to participate in a Troop activity or event must complete and sign the following form. Every participant (Scout or Adult) must submit a separate form.

_____	_____	_____
(Participant's Name)	(Date of Birth)	(Age during activity)
_____	_____	
(Street Address)	(City, State, Zip)	
has approval to accompany Troop 591 and participate in the activities associated with		
_____		_____
from		to
_____	_____	
(Event/Activity/Outing/Trip Name)	(Dates)	

Without restrictions. Special considerations or restrictions (see below)

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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 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 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.

List any medications, considerations or restrictions in the space below.

_____	_____	_____
(Parent/Guardian Printed Name)	(Home Phone)	(Cell or Work Phone)
_____	_____	_____
(Parent/Guardian Signature)	(Date)	
_____	_____	
(Participant's Signature)	(Date)	

Emergency Contact:

_____	_____	_____
(Name)	(Relationship to Participant)	(Phone)

Payment :

Cash _____
Check _____
Scout Acct _____
Total _____