

PERMISSION SLIP

(ONE FOR EACH PARTICIPANT PLEASE)

PART 1:

**PARENTAL INFORMED CONSENT AND
RELEASED/INDEMNITY/HOLD-HARMLESS AGREEMENT**

I understand participation in the **Illowa Council Snow Sports Merit Badge** offered through the **Illowa Council**, BSA, on JANUARY 3 - FEBRUARY 14, 2016, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure safety and well-being of my son/daughter, I have given:

(Print son's/daughter's name)

my consent to participate in the **Illowa Council Snow Sports Merit Badge**.

PART 2:

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against Boy Scouts of America Illowa Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in **Illowa Council Snow Sports Merit Badge**. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA, **ILLOWA COUNCIL** BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN **Illowa Council Snow Sports Merit Badge**. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA, **ILLOWA COUNCIL**, BSA'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEY'S FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

In signing this form, I acknowledge the information given in Part 1 and Part 2 and I agree to the conditions and requirements of both parts. **This form must have a parent/guardian signature.**

Parent/Guardian Signature

Print Name / Date

Address

Telephone #/Cell

**BRING THIS FORM WITH YOU ON JAN. 3, 2016
PLEASE COPY AS NEEDED - ONE PER PARTICIPANT**