

Permission Slip and Hold - Harmless Agreement

I give my permission for myself or this child to participate in the below activity(ies) with during the Texas Skies District Camporee at El Rancho Cima on February 28 – March 2, 2014.

In addition to normal camping hazards, activities may include:

	<u>Fee</u>	<u>Limitations</u>
Horseback Riding	\$15 pp	< 250 lbs
Zip lining/Project C.O.P.E	None	>13.5 years old, fear of heights
Climbing/Rappelling	\$15	Not recommended for 5 th /6 th graders
Archery	None	None
.22 rifle shooting	\$5/20 shots	None
Shotgun shooting	\$5/10 shots	Not recommended for 5 th /6 th graders
Sling shots	None	None

I understand that participation in Climbing, Rappelling, Zip Line, Project C.O.P.E, or Horseback Riding at El Rancho Cima, owned by the Sam Houston Area Council Boy Scouts of America, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Sam Houston Area Council Boy Scouts of America is a not-for-profit organization.

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against Boy Scouts of America, Sam Houston Area Council Boy Scouts of America, and Scouting's chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers during use of the above listed programs and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

_____ shall indemnify, hold free and harmless, assume liability for, and defend the Boy Scouts of America, Sam Houston Area Council, or Scouting's chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums that the Boy Scouts of America, Sam Houston Area Council, or Scouting's chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers incur as a result of any demand for claim for assertion of liability under any municipal, state, or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the Boy Scouts of America, Sam Houston Area Council, or Scouting's chartered organization and any of their affiliates, agents, servants, employees, officers, directors and volunteers.

I, this child or his adult leaders have a signed and fully completed copy of my/his BSA Medical Form Part A and Part B (see <http://www.scouting.org/sitecore/content/Home/HealthandSafety/ahmr.aspx>) and a copy of both sides of his insurance card. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or 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.

Participant Name: _____ Age: ____ Date of Birth: _____ Troop: _____

Signed: _____ Date: _____
(Participant)

If Signatory is less than 18 years of age, a parent or guardian must also sign this.

Signed: _____ Date: _____
(Parent or Guardian)

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Bring a separate copy of this form for each activity (Climbing, Rappelling, Zip Line, Project C.O.P.E, or Horseback Riding) that the participant intends to participate in order to participate in said activity.