

## **ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org.

First name of participant and middle initial		Last name							
Address		Birth date (month/day/year)/				Age during	_ Age during activity		
Additional address (need street	address if you hav	ve a P.O. box)							
City						State	Zip		
Has approval to participate in	(Name of activity, orientation flight, outing trip, etc.)								
From to	(Date)								
☐ Without restrictions									
Special considerations or r	estrictions:								
	н	IOLD HARMLESS	AGREEMENT						
I understand that participation given consent for myself or my requires participants to abide by activity coordinators, and all enclaims or liability arising out of the ln case of emergency involving give my permission to the medianesthesia, surgery, or injections findings, test results, and treatment participant's parents or guardians.	child to participate y applicable rules apployees, volunteer this participation.  my child, I understa cal provider selecte s of medication for rule ent provided for pu	e in the activity. I un and standards of co rs, related parties, o and every effort will ed by the adult lead my child. Medical pro urposes of medical e	derstand that part nduct. I release the rother organization be made to contain er in charge to se oviders are authorivaluation of the pa	ticipatione Boy Sons associated me. In ecure progressed to descriptions.	n in the Scouts ociated of the every oper tre isclose ont, follow	e activity is en of America, th with the active ent I cannot be eatment, inclue to the adult in w-up and com	tirely voluntary and ne local council, the vity from any and all ne reached, I hereby ding hospitalization, charge examination		
Participant's signature						Da	nte		
Parent/guardian printed name									
Parent/guardian signature						Da	ate		
Area code and telephone number									
Contact the adult tour leader w									
Name									
Phone			E-mail						

19-673 2008 Printing