

BSA Troop 286 Activity Consent Form and Approval by Parents or Legal Guardian

Name of participant: _____

Address _____

City _____ State _____ Zip _____

Birth date ____/____/____ Age during activity _____

Has approval to participate in _____

Date from _____ to _____

Without restrictions

Special considerations or restrictions: _____

Medication: _____

Allergies: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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.

Participant's signature: _____ Date _____

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date _____

Parent/guardian Phone#: : _____

Emergency Contact Name & Phone#: _____