

**McKee Scout Reservation**  
**Consent for Special Activities - 2016**

(Check all that apply)

\_\_\_\_\_ Off camp trip for merit badge class

\_\_\_\_\_ Off camp one day trip to Red River Gorge for climbing merit badge

Week -long high adventure program \_\_\_\_\_ McKee Adventure Program - Week 1 (June 19-25)

\_\_\_\_\_ McKee Adventure Program - Week 2 (June 26-July 2)

\_\_\_\_\_ McKee Adventure Program—Week 3 (July 3-9)

\_\_\_\_\_ Venturing Ranger Week - Week 4 (July 10-16)

Scout's Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relation to Scout \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Scout Leader Name \_\_\_\_\_ Troop \_\_\_\_\_

I understand that travel to, from, and participation in the Boy Scout activities offered through the Blue Grass Council, BSA, 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 the safety and well being of my son/daughter, I have given \_\_\_\_\_ (son/daughter) consent to participate in those activities, and waive all claims I may have against Boy Scouts of America, Blue Grass Council, activity or trip leaders and coordinator(s), all employees, volunteers, sponsors or vendors associated with the activity. In the event of illness or accident in the course of such activity, I request that measures be instituted, without delay, as the judgment of medical personnel dictates.

Parent or guardian approval:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date