



Venture Crew 905



PERMISSION SLIP

(Parents Keep This Part)

Crew 905 is attending **Rock Climbing at Upper Limits, West County**, a crew outing at **1874 Lackland Hill Pkwy., St. Louis**. We will be leaving from the Midwest Scuba shop on Friday evening, **March 18th, 2016, at 5:30 pm**, and will be returning to Midwest Scuba the **same evening around 10:30pm**.

To contact your Venturer (in case of emergency only) Marty Knight at **(314) 882-5140** or Michelle Rose at **(314) 960-8542**.

Parents detach and retain this section -- return the rest of the form.



WAIVER OF RESPONSIBILITY

Venture Crew 905 ● BOY SCOUTS OF AMERICA
SPONSOR – Midwest Scuba

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child and/or me at the **Rock Climbing at Upper Limits, West County, March 18th, 2016 at 1874 Lackland Hill Pkwy., St. Louis;**

I agree to my child's and/or my participation and *waive all* claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America and the sponsoring organization. In the event of an emergency, the unit leader of the activity *has my permission* to obtain medical treatment for my child and/or me at the nearest hospital or doctor, *at my expense*, if our own doctor is not readily available. My child is and/or I am in good physical condition at present. In the event of an illness or injury occurring to my son or daughter or me while involved in a crew trip or activity, I understand every effort will be made to contact me or my designated emergency contact.

Participant's Name _____

Birth Date _____

Parent's Name, Phone # _____, _____

Parent's Address, City, Zip _____

Insurance Carrier / Policy # _____ / _____

What medication is the person taking, if any? And dosage? _____

Please list all medications the person will require during this activity. Please deliver the medications to the Unit Leader (list dosage and time on the lower back portion).

SIGNATURE _____
(Participant)

SIGNATURE _____
(Parent if participant is under 18)

Name & Number of person to contact if parent cannot be reached:

EMERGENCY NAME _____

EMERGENCY PHONE # _____

(Participant (18 or older) or Parent or Legal Guardian of minor)

Check one:

- I am enclosing a check for _____ for the cost of this activity.
- Please deduct the cost of this activity from our Crew account. (Providing there are sufficient funds available)