



**Activity Consent Form
and
Approval by Parents or Legal Guardian**

Troop 612, San Lorenzo, California, San Francisco Bay Area Council, Boy Scouts of America

First name of participant and middle initial _____ Last Name _____

Birth date (month / day / year _____ / _____ / _____) Age during activity _____

Street Address _____

Additional Address _____

City _____ State _____ Zip _____

Has approval to participate in the Troop 612 campout at Columbia State Park, Columbia CA.
(Name of activity, orientation flight, outing, trip, etc.)

From Mar 17, 2012 To Mar 18, 2012 Event Fee \$ 10.00 Refund deadline Mar 13, 2012

Event / Tour Leader Harold Weathers, Scoutmaster Phone 510-481-8510 E-mail nancyweathers@comcast.net

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/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. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers and related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation. Approved activities of the program experience for the participant include, but are not limited to, swimming, boating, COPE, rock climbing/rappelling, mountain biking, horsemanship, archery, and limited use of firearms. I hereby give express consent for a qualified range instructor to furnish BSA-approved archery and firearm equipment to the participant for the purpose of instruction in the safe handling of such equipment and related activities at designated ranges.

I approve the sharing of the information on this form and the separate SFBAC Medical Forms 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 leaders 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 Protected Health information / Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including 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, an/or determination of the participant's ability to continue in the program activities.

Without restrictions Special considerations or restrictions. _____

Medical Updates _____

Participants signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____
(If participant is under the age of 18.)

Area code and telephone number (best contact and emergency contact) _____

E-mail (for use in sharing more details about the trip or activity). _____

Adults (at least one) authorized to take youth to and from event and phone number _____

Adults NOT authorized to take youth to and from event _____

Fees are to be taken out of my Scout Account _____
Scout Signature

Treasurer Approval _____