



**BOY SCOUTS OF AMERICA
TROOP 161
HOPKINS DISTRICT - DAN BEARD COUNCIL**

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Scout's Name: _____

has permission to participate in: _____
Name of Activity

From: _____ to _____
Date Date

- Without restrictions, or
 - List allergies, activity restrictions or special medical considerations:
- _____
- _____
- _____

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

HOLD HARMLESS AND TALENT RELEASE 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 and I agree to assume the full risk of any injuries, damage or loss I or my child may sustain as a result of participation in the activity. I release and covenant not to sue the Boy Scouts of America, the local Boy Scout Council, Troop 161, Pack 2, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for any and all claims or liability arising out of this participation.

I hereby grant to Troop 161, Pack 2, the local Boy Scout Council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by any of them, and I hereby release all of the foregoing from any and all liability from such use and publication, including reproduction, exhibit, display, broadcast and electronic storage and I specifically waive any right to any compensation for such use.

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 signature _____ Date _____

Parent/guardian printed name _____

Emergency Phone No. _____

Medical Insurance Plan Name and Number _____

EACH SCOUT MUST PRESENT A SIGNED AND COMPLETED PERMISSION FORM IN ORDER TO PARTICIPATE IN THE ACTIVITY.