

Activity Consent Form and Approval by Parents or Legal Guardian

This form is recommended for unit use to obtain approval and consent for Boy Scouts and guests (if applicable) under 21 years of age to participate in a troop activity. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the Guide to Safe Scouting are available for download from the Troop 282 website at www.aztroop282.org

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ___/___/___ Age ____

City _____ State ____ Zip _____

Has approval to participate in _____
(Name of activity, outing trip, etc.)

From _____ to _____.
(Date) (Date)

- Without restrictions
 Special considerations or restrictions: _____

- I hereby assign and grant to Boy Scout Troop 282 the right and permission to use and publish any photographs and/or video representations taken as a result of this outing, and I hereby release Boy Scout Troop 282 from any and all liability from such use and publication.

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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 _____

Phone Number (best and emergency contact) _____

Please list any current or chronic medical conditions for adult leaders to be aware of:

Please list current medications and instructions (prescription and over-the-counter):