

CHIEF SEATTLE COUNCIL - BOY SCOUTS OF AMERICA
GREEN RIVER DISTRICT – TROOP 455
UNIT ACTIVITY PERMISSION & RELEASE FORM
“YOUTH PARTICIPANTS”
TO BE COMPLETED BY TOUR LEADERSHIP

UNIT No. TROOP 455 Sub Group (Patrol) _____

Tour Leader: _____ Phone No.: _____

Address: _____

Other Key Contact: _____ Phone No.: _____

Address: _____

Full description of the activity (include at least departure and return date(s) and time(s), location(s), methods of transportation, whether any aquatics activities are included and description of the key program elements involved)

TO BE COMPLETED BY PARENTS OR GUARDIAN(S)

I have reviewed the above description of the activity and discussed it with my son. I recognize there are hazards, risks and dangers inherent in activities of this nature. In consideration of the benefits to be derived, and in view of the fact that Boys Scouts of America is a youth service organization in which membership is voluntary, I hereby agree as follows:

I give _____ permission to participate in the activity described above which is being offered by the unit indicated.

I assure the unit leadership that my son is in good health and is able to participate in all program elements related to this activity, except as noted by me as follows:

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by adult unit leadership to hospitalize, secure anesthesia, or order injections or surgery for my son, and I accept financial responsibility for all such medical treatment: and

I release the Chief Seattle Council, The Boy Scouts of America, their officers, agents and representatives, and the leaders of this activity, from any and all liability, claims and causes if action arising out of or in any way connected with my son's participation in this activity. I further agree to indemnify the Chief Seattle Council, the Boy Scouts of America, their officers, agents and representatives, and the leaders of this activity, for all claims or causes of action which are initiated against them by, or on behalf of, my son, and which arise out of this activity. I agree that this release and indemnity agreement is binding upon me, my heirs and personal representative, executor or administrator.

Signatures: (Both parents or guardian required)

_____ Date: _____

_____ Date: _____

Phone No. Home: _____ Emergency: _____

Family Medical Insurance Provider: _____ Policy No.: _____