

Troop 850 Permission and Waiver of Responsibility

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 Scout son(s), namely: _____ (Scout's name), on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor. In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor at my expense, if our own doctor is not readily available, and as restricted on the Emergency Date Sheet on file with Troop 850.

Activity: _____ Date: _____

EMERGENCY INFORMATION (In addition to Personal Health & Medical Record)

During the activity listed above, I can be contacted at the following phone number(s) and will accept long distance charges: (____) _____, (____) _____

Has any of the information on scout's Medical Record changed? Yes _____ No _____

If yes, please specify change(s) _____

Has your medical insurance coverage changed since the Medical Record was filled out?

Yes _____ No _____

If yes, my new insurance company is _____ Group or Policy # _____ (please attach a photocopy of your insurance card to this waver form)

As a Boy Scout of Troop 850 I agree to live by and follow the Scout Oath, the Scout Law, and the Troop 850 Guidelines on this Scout outing. Should I break these guidelines I agree to accept the consequences decided upon by my Scout leaders.

I will respect the property and rights of others. I will not verbally or physically hurt another person.
I will acknowledge my youth and adult advisors and follow their directions and participate in ALL parts of the gathering.
I will not partake in the use or possession of illegal drugs

Scout Signature _____ Date _____

My advancement goal for this outing is _____

Parent Signature _____ Date _____