ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. 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 Scouting Safely at www.scouting.org.

First name of participant and middle initial _____ ___ Last name _____

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

Additional address (need street address if you have a P.O. box) _____

City_____State _____ Zip _____

Has approval to participate in Horseback Riding at River Valley Ranch, Camping at St. Joseph Church Picnic Grove
(Name of activity, orientation flight, outing trip, etc.)

From April 8, 2011 (Date) to April 10, 2011 (Date).

☐ Without restrictions

☐ Special considerations or restrictions: _____

HOLD HARMLESS 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. 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 _____

_____ _____
Area code and telephone number (best contact and emergency contact) E-mail (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name Jeffrey Rosenzweig

Phone (717) 968-6533 (c); (717) 630-8451 (h); (410) 580-5240 (w) E-mail sm@bsatroop103.org