

PRINT NAME: \_\_\_\_\_

CHIEF SEATTLE COUNCIL

BOY SCOUTS OF AMERICA

UNIT ACTIVITY PERMISSION & RELEASE FORM

\*\* YOUTH PARTICIPANTS \*\*

(NOTE: This form may be copied or otherwise reproduced for unit events/activities)

To be Completed by Parent(s) or Guardian(s)

I have reviewed the enclosed description of planned activities 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 the Boy Scouts of America is a youth service organization in which membership is voluntary, I hereby agree as follows:

1. For the activity described below and offered by the unit indicated, I give permission to my following named scout to participate: \_\_\_\_\_

(name of scout)

2. 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:

\_\_\_\_\_

3. List Allergies, (Food, Plant, Insect or Medicines):

\_\_\_\_\_

4. 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 injection or surgery for my son and I accept financial responsibility for all such necessary medical treatment.

5. 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 of 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 the 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 my personal representative, executor or administrator.

Signatures (both parents or guardian recommended)

\_\_\_\_\_ Date \_\_\_\_\_

Phone No.....Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

...Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Medical Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

To Be Completed by Unit Leader

Unit No.: Troop 407 Unit Insurance: \_\_\_\_\_

Tour Leader \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Other Key Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Full description of activity (include at least departure and return dates(s), location(s), methods of transportation, whether any aquatic activities are included, and a description of the key program elements involved):

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: Kent United Methodist Church

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Returning time is estimated.

\*\*\* Retain for Outing Reminder \*\*\*