ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

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 standers 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.

_____ _____

Name of participant **Date of birth**

_____ _____ **to** _____

Name of Activity **From (date)** **(date)**

_____ _____

Parent Signature **Date**

_____/_____

Emergency Contact Numbers **Parent E-Mail**

Please mark any of the following boxes as they might apply:

If needed, I could serve as a driver from the church parking lot to the activity. I have room and seatbelts for a total of _____ boys.

If needed, I could serve as a driver at the end of the event for the return trip back to the church parking lot. I have room and seatbelts for a total of ____ boys.

____☐ I plan to attend this event and help the other adult leaders present.

____☐ I cannot attend this event

Signed:_____ Date:_____