

PARENT/GUARDIAN CONSENT FORM FOR PARTICIPATION IN A COUNCIL-OPERATED CAMP OR ACTIVITY

I hereby give permission for full participation in a Council-operated camp or activity, subject to limitations noted
This authorization shall remain effective until replaced or revoked in writing

ADVENTURE WEEKEND From :09/28/2018-09/30/2018'

Full Name of Participant	Birthdate (month/date/year)
Address	City,
	State, Zip
Medications/Restrictions/Special Considerations (if any):	
Insurance Company	Policy Number
Physician's Name	Phone Number

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for 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 for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

(Yes) (No) 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 medications 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.

SHOOTING SPORTS RELEASE

(Yes) (No) S. 12552 Furnishing Firearms to Minors under 18 without permission of parent --- Every person who furnishes any firearm, air gun, or gas-operated gun, designed to fire a bullet, or metal projectile, to any minor under the age of 18 years, without an express or implied permission of the parent or legal guardian of the minor is guilty of a misdemeanor. By circling yes or no to this item and signing below we are granting/not granting permission.

TALENT RELEASE

(Yes) (No) I hereby assign and grant to the California Inland Empire Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made by the California Inland Empire Council and I hereby release the California Inland Empire Council from any and all liability from such use and publication.

(Yes) (No) I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the California Inland Empire Council and I specifically waive any right to any compensation I may for any of the foregoing.

Restrictions

BE SURE TO CIRCLE YES OR NO ON EACH LINE

EMERGENCY CONTACT INFORMATION AND SIGNATURES

Father/Guardian Signature		Date	
Home/Business Phone		Cell Phone	
Mother/Guardian Signature		Date	
Home/Business Phone		Cell Phone	
District	<input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> Girl Scout Troop <input type="checkbox"/> Crew		Unit#

**PARENTAL INFORMED CONSENT
AGREEMENT FOR CLIMBING/RAPPELLING ACTIVITIES**

I understand that participation in the climbing/rappelling activity offered through the California Inland Empire Council, BSA, on 09/28/2018-09/30/2018207, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of. The fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter),

I have given _____ (Name)(My son/daughter) my consent to participate in CLIMBING/RAPPELLING ACTIVITIES on **09/28/2018-09/30/2018**

I certify that this participant can meet the health and physical fitness requirement of the trip or activity.

In the event of illness or injury occurring to my (son/daughter) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

(This form must have the signatures of both parents/guardians.)

Signature

Signature

Telephone Number

Telephone Number

_____/_____/_____
Date

_____/_____/_____
Date

District	<input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> Girl Scout Troop <input type="checkbox"/> Crew	Unit#
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