

## Troop/Crew 2 BSA Permission and Waiver Slip

\_\_\_\_\_ (Scout name) has our permission to participate in the \_\_\_\_\_ activity/trip scheduled for approximately \_\_\_\_\_ (dates), including all related physical and/or outdoor and other activities.

**Permission NOT given for swimming (if initialed):** \_\_\_\_\_

- I understand that I have the responsibility to disclose any medical information that would preclude my youth from participating in the above trip and/or activities.  
SCOUT'S CURRENT MEDICATIONS: \_\_\_\_\_
- I understand that without this signed form, my youth will not participate in the trip and/or activities.
- I agree to instruct my youth to follow all safety instructions given by troop/crew volunteers and leaders during all trip/activities.
- I understand that Boy Scout activities/events/trips may involve risks of physical activity and possible injury and that Troop/Crew 2 cannot guarantee my youth will remain free of injury. I nonetheless desire my youth to participate in the above trip and/or activities and assume the risk of participating. I agree to release from liability, indemnify and hold harmless Troop 2, Crew 2, Boy Scouts of America; the local and national councils of the organization; and the volunteers and leaders of Troop 2, Crew 2; its troop/crew committee and its sponsor, Peoples Church of East Lansing Michigan; and each of their officers, employees and agents; (together, the "Releasees") from any and all claims and/or causes of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my youth's participation in the above trip and/or activities.
- If an injury or other medical condition occurs or arises, I give permission to the volunteers and leaders of this trip and/or activities to provide health care (NOT including, if initialed, \_\_\_ acetaminophen or \_\_\_ aspirin or \_\_\_ ibuprofen for minor pain), and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and I guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my youth, I give permission to the physician/hospital selected by the volunteers and leaders of this trip to secure and administer whatever treatments they deem necessary to protect the health of my youth, including hospitalization.
- I agree that I shall hold the Releasees described above harmless from any claims for injuries and/or damage to third parties or their property arising from the negligence or willful misconduct of my youth.

\_\_\_\_\_  
(Print Parent or Guardian name)

\_\_\_\_\_  
(Parent or Guardian signature & date)

\_\_\_\_\_ (Parent/Guardian phone)

### In case of emergency notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

### Scout's acknowledgment and waiver:

**I understand that Scouting activities are not free of risk, and I agree to follow all safety instructions given by troop/crew volunteers and leaders. I hereby make the same acknowledgments, and agree to release the same claims, as are agreed to above by my parent or guardian on my behalf.**

\_\_\_\_\_  
(Scout's signature & date)

Traveling with unit?	Depart Y / N	Return Y / N
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### Parent/Guardian Authorization to release Scout to Third Party Adult.

I hereby authorize:

\_\_\_\_\_  
(Scout Name)

To be released to:

\_\_\_\_\_  
(Third Party Adult Name & Phone#)

\_\_\_\_\_  
(Parent/Guardian Signature & Date)

(Upon Receiving Scout -- Third Party Adult Signature, date & time)

By authorizing the release of Scout to Third Party Adult you acknowledge that when Troop 2/Crew 2 releases Scout to Third Party Adult that you and Third Party Adult are responsible for the Scout and that Troop 2/Crew 2 can no longer be responsible for the Scout.