

# Troop 17

## Activities Permission Slip and Release

**Activity**    \_\_\_ Overnight Campout            \_\_\_ Long Term Camp            \_\_\_ Hike  
                 \_\_\_ Field Trip                            \_\_\_ Other: \_\_\_\_\_

**Destination**    \_\_\_ WR            \_\_\_ SR2            \_\_\_ MC            \_\_\_ MW            \_\_\_ CC  
                 \_\_\_ Other: \_\_\_\_\_

**Departure**    \_\_\_\_\_            **Return**    \_\_\_\_\_ (Scouts will call)

**All departures and arrivals will occur at the Scout lodge unless given prior permission.**

**Aquatics**            Aquatic activity \_\_\_ will / \_\_\_ will not be involved.

**Activity Fee**        \$ \_\_\_\_\_ Total (\$ \_\_\_\_\_ camp fee + \$ \_\_\_\_\_ equipment fee + \$ \_\_\_\_\_ food + \$ \_\_\_\_\_ transportation)

Location key :    CC – Camp Constantin, Graford, TX 940-779-2131  
                      MC – McClure Property @WR (On WR Road, before the main gate)  
                      MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171  
                      SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 940-575-4243  
                      WR – Worth Ranch, Palo Pinto, TX 940-659-2195

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### Medical Release and Waiver of Liability

\*\*\* Return this portion to your Patrol Leader \*\*\*

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) \_\_\_\_\_ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact numbers \_\_\_\_\_ Date of participant's last tetanus shot \_\_\_\_\_

List all participant's medications and dosing instructions: \_\_\_\_\_

\_\_\_\_\_

List all participant's allergies, including drug allergies: \_\_\_\_\_