**WAIVER OF RESPONSIBILITY AND GENERAL RELEASE**

TROOP 17 SPONSORED BY: BOY SCOUTS OF AMERICA, 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 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.

Should my son(s)/ward(s) be unable or not allowed to continue participating in the event for any reason, I understand that it will be my responsibility to arrange prompt return transportation for him/them at my own expense.

Adults: By checking here you are agreeing to this waiver on behalf of yourself. All references to your sons or wards apply to you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Scout Name or Adult name (if over 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian (or adult if signing for yourself) Date

**EMERGENCY INFORMATION:**

During the activity described above I can be contacted and will accept long distance calls at

(\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ or (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ (2 numbers required).

This/these Scout(s) are highly allergic or sensitive to the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The date of his most recent tetanus shot / booster is \_\_\_\_/\_\_\_\_/\_\_\_\_. Medication that this / these Scout(s) is / are taking include(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_