

WAIVER OF RESPONSIBILITY AND GENERAL RELEASE

TROOP 17 SPONSORED BY: BOY SCOUTS OF AMERICA, ST. STEPHEN PRESBYTERIAN CHURCH

Release

I understand that participation in the activity involves a certain degree of risk. In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary and which requires participants to abide by applicable rules and standards, and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my son(s) / ward(s) namely _____ on the activity named below, I agree to his participation and waive all claims against the leaders and committee of Troop 17; officers, agents, and representatives of the Boy Scouts of America and the Longhorn Council; and the sponsor.

Risk Advisory

I have also read and understand the Philmont Risk and Medical Advisory (Part D of the Annual BSA Health and Medical Record) available at http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf. I expressly acknowledge the risks and hazards of participation in high adventure activities and re-affirm my permission for my son(s)/ward(s) to participate in these activities.

Medical Treatment

In the event of an emergency, the adult volunteer leader of Troop 17 in charge at the scene has my permission to obtain medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for this / these Scout(s) at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

HIPAA Release

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.

Transportation

Should my son(s)/ward(s) be unable to continue participating in the event, for any reason, I understand that it will be my responsibility to arrange return transportation for him/them at my own expense.

Signature of Parent or Guardian Date

Signature of Participant 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 #: _____