

SAN GABRIEL VALLEY COUNCIL, BOY SCOUTS OF AMERICA

TROOP 555 CONSENT & RELEASE FROM LIABILITY FORM

Scout's Name _____ Age _____

Address _____

City _____ Zip _____ H.Ph.(____)_____

Parent or Guardian _____ W.Ph.(____)_____

C.Ph.(____)_____

Family Physician _____ Phone(____)_____

Address _____ City _____

Date of Last Tetanus Shot _____

Please Note Any Special Medical Conditions _____

Insurance Carrier & Policy # _____

Attach Provide Photocopy of Insurance Card _____

IF THE ABOVE CAN NOT BE REACHED IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Address _____ cell(____)_____

The undersigned, parent (s) / guardians of _____
A minor and registered member of the Boy Scouts of America, do hereby give consent and permission of the above mentioned minor to be taken on Boy Scout outings with the local unit, so long as there is a minimum of two adult leaders, one of whom is 21 years of age or older, and a registered member of the Boy Scouts of America, on the outing.

The term "outing" refers to any Boy Scout function, trip, event, etc. that takes place away from the usual Troop meeting location.

In consideration of the benefits to be derived from the aforesaid outings, (I) (we), hereby voluntarily waive any claim against the National Council of the Boy Scouts of America, San Gabriel Valley Council of the Boy Scouts of America, Delphi Academy of Los Angeles and its representatives, the registered adult leaders of Troop #555 and their families, volunteers and the owner and/or driver of any vehicle used for transportation of the above mentioned minor to and from the above mentioned outings, from any and all causes which may arise in connection with Boy Scout Outings or any phase or part thereof.

Also (I) (we) do hereby authorize the adult leader(s) in charge as agent(s) for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care (excluding psychiatric examination or care) which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed by the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Please continue on reverse

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given and is given to provide authority and the power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment and/or hospital care (excluding psychiatric) which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is also understood that, in the event any emergency care of the Boy Scout is required, (I/we) agree to reimburse the respective individuals for any and all expenses incurred in connection with transportation, food, lodging as well as incidentals should said individuals deem these necessary, advisable, or in the best interest of the Troop Outing to transport the Boy Scout to a care facility or to return home. Furthermore, (I/we) agree to fully cooperate with and respect the decisions of the outing leaders, recognizing that they are apt to err on the side of caution and safety.

This authorization is given pursuant to the provisioned of Section #25.8 of the Civil Code of California.

CONSENT TO USE FIREARMS AND ARCHERY EQUIPMENT

(I) (we) hereby consent for the above named minor to use 22-caliber rifle, BB gun and or Archery equipment at San Gabriel Valley Council, or other facilities sanctioned by and operating under the safety policies of the boy Scouts of America.

CONSENT FOR ROCK CLIMBING AND RAPPELING

Our Troop's adult high adventure leaders have been trained to climb and rappel safely and will closely supervise and carefully train the scouts in safe climbing practices. In spite of these assurances, (I) (we) are aware that rock climbing and rappelling are activities which inherently could involve serious risk.

These authorizations shall remain effective until _____, 20 ____
Unless sooner revoked in writing de3livered to said agent(s).

Date _____

Father _____

witness _____

Mother _____

witness _____

Legal Guardian _____

witness _____