

**Special Scout Participation Agreement and
Parental Release of Liability and Waiver for Optional Aviation Activities
Troop 555, San Gabriel Valley Council, Boy Scouts of America
Chartering Organization: Delphi Academy of Los Angeles, Lake View Tr. CA**

Print Scout's Name (Last Name, First Name & M.I.)

I give my consent for my Scout son/ward (named above) to participate as a passenger in one or more aviation flights on the following dates:

In consideration of my son/ward participating in special aviation activities, I agree to an unconditional release and waiver of liability. I understand that these activities present an unusual risk not ordinarily associated with Scouting, and that these aviation activities could result in injury or death. I understand that the Boy Scouts of America do not permit flying in private aircraft as a scouting activity. I understand there are inherent risks involved, and agree to my Scout son's/ward's participation, in spite of risks, and fully and unconditionally waive any and all possible claims against (a) the leaders/organizers of this activity, (b) Troop 555, (c) Troop 555's chartering organization, namely Delphi Academy and its affiliated organizations, (d) San Gabriel Valley Council, (e) the Boy Scouts of America, and (f) the officers, agents, representatives, and affiliates of the aforementioned parties.

I understand that this activity is OPTIONAL and is NOT REQUIRED in order for my Scout son/ward to complete Scouting program advancement requirements of any kind, including the Aviation merit badge.

I understand that my Scout son/ward is NOT REQUIRED to complete Scouting program advancement requirements of any kind in order to participate in this activity.

I understand that Delphi Academy and its affiliated organizations (a) have no relationship with the pilot(s) or the owner(s)/operator(s) of the plane(s) and equipment, and (b) make no warranty of fitness of the pilot(s), plane(s) and equipment, or any other volunteers or parties operating in the aviation environment.

I certify that I am the parent or legal guardian of the Scout named above, and that I have read and understand this document in its entirety. I affirm that I agree with the terms of this document without qualification.

Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

Witness Signature Date

Printed Name of Witness