

TROOP 246
PARENTAL CONSENT, RELEASE OF LIABILITY,
WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

Child's Name: _____

Date of Birth: ____/____/____

I (We), _____, hereby consent for my (our) child listed above ("Child") to participate in the following described activity ("Activity") sponsored by B.S.A. Troop 246 (the "Troop"), chartered by St Gabriel & John Vianney Council KOC #12335 ("Chartered Organization"):

Risks. Participation in the Activity described above includes certain risks, not all of which can be described herein, but may include slips, falls, burns, cuts, punctures, sprains, broken bones, exposure to extreme weather, high-altitude sickness, dehydration, vehicle or boat collisions or rollovers, bites, stings, wounds, concussions, and contact with poisonous plants. If the Activity includes watersports, or will be at, near, or around lakes, streams, or bodies of waters, risks may also include drowning. If the Activity includes archery or shooting sports, risks include shooting injuries. Additional risks may include:

Medical. In case of medical need or injury, I hereby authorize the Troop leaders, advisors, and adult supervisors (collectively, "Adults") to render first aid and emergency medical care to my Child. In such event, I understand that the Adults will make every reasonable effort to contact me. In the event that I cannot be reached, I authorize the Adults to arrange for emergency medical or dental services for my Child. I will be responsible for any medical and other expenses for my Child. Further, in the event that I cannot be reached, and the doctors, physicians, nurses, dentists, or emergency medical technicians providing aid to my Child (collectively, "Medical Providers") deem such care necessary, I hereby give my permission to the Medical Providers selected by the Adults to secure proper treatment for my Child, including hospitalization, anesthesia, surgery, or injections or administration of medicines to my Child. Until I am present, such Medical Providers are authorized to disclose to and discuss with such Adults all examination findings, test results, and treatments provided for purposes of medical evaluation of my Child, follow-up and communications with my Child's parents or guardians, and/or determination of my Child's ability to continue in the Activity.

Waiver, Release, and Indemnification. I, individually, and in my capacity as parent, guardian, or next friend of my Child, waive, release, indemnify, and shall hold harmless the Boy Scouts of America, the local Council of the Boy Scouts of America, the Troop, the Chartered Organization, and all of their respective owners, officers, directors, partners, agents, managers, members, leaders, employees, and volunteers (collectively, "Released Parties") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from my Child's participation in or attendance at any Activity or trip and that involves any damage, loss, or injury to my Child, my property, or the property of my Child. In the same capacity, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Photographs and Statements. I agree that the Troop may take photographs of me, or my Child, or may record my Child's statements for use in publications, media releases, or informational displays in the course of its activities, and I grant _____ / do not grant _____ [initial one] the Troop permission to publish such photographs or use such statements in a manner the Troop deems appropriate.

This Release is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Troop.

Date

Signature

Home Phone

Mobile Phone