

Activity Consent Form and Approval by Parents or Legal Guardian

Name of participant _____

Birth date (month/day/year) ____/____/____ Age during activity _____

Address (need street address if you have a P.O. Box) _____

City _____ State _____ Zip _____

Activity (name; purpose; description) _____

Destination (name, address) _____

Departing (place & time) _____ Returning _____

Cost _____ Special packing instructions _____

Without restrictions

Special considerations or restrictions: _____

Return Form to _____ by _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. As parent/legal guardian, I remain legally responsible for any personal actions taken by my son named above. I agree on behalf of myself, my son named herein, our heirs, successors, and assigns to hold harmless and defend the Boy Scouts of America, the local council, the activity coordinators, St. Mary Magdalene Catholic Church, its officers, directors, agents, the Diocese of Charleston, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability for illness, injury or death arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. 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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Emergency contact: Name & Phone # (incl area code) _____

Alt Contact 1 _____ Alt Contact 2 _____

Contact the adult tour leader with any questions: Name _____

Phone _____ E-mail _____

Troop Use

Fee Paid _____

Medical Form Verified (current/medications) _____