

## Activity Consent:

Scout's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This form serves as an activity consent and release form for all BSA Troop 8 approved activities from \_\_\_\_\_ to \_\_\_\_\_. The undersigned parent/guardian consents that the above named minor may participate in all BSA Troop 8 (BT8 or GT8) approved activities (e.g. camping, backpacking, canoeing, skiing, rafting, caving, shooting sports) during this time interval:

Without restrictions       With special considerations or restrictions (detail below)

\_\_\_\_\_

Should any of this information change, I agree to submit a new consent and release form to the Troop. In case of emergency, I will be available 24 hours a day at one of the following telephone numbers:

\_\_\_\_\_

## Hold Harmless and Medical Release Agreement:

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, BSA Troop 8, the Westlake Foundation, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability 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 medications 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 participant's ability to continue in the program activities. I give permission for the adults in charge to administer any of the over-the-counter medications in the Troop First Aid Kit to my child if necessary.

I certify that I have also submitted a current BSA Annual Health and Medical Record form (minimum Parts A and B) for my child and any changes to this form (special considerations) are noted above.

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship to Scout: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_