

Troop 297 Parental Informed Consent and Hold-harmless Agreement

Event/Location:

Event Date(s):

Activities: [edit as needed]

- Sleeping in troop provided tents – or – sleeping in cabins.
- Participating in activities including, but not limited to, using a campfire, cooking, hiking, rock climbing, rappelling, canoeing, kayaking, shooting sports, orienteering, geocaching, swimming, fishing, and caving.

I understand that participation in the event and activities listed above and offered through Boy Scout Troop 297 of the Northwest Suburban Council involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be delivered and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America (“BSA”) is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of me and/or my son/daughter, I hereby release and hold harmless, and waive all claims I may have against BSA Troop 297, BSA Troop 297’s registered adult leaders and volunteers, the Boy Scouts of America, the Northwest Suburban Council of the BSA, activity coordinators, or other organizations associated with the activities listed below and give my consent for

_____ (*Scout name*) to participate.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the Adult Leaders in charge to administer first aid and to the physician selected by the Adult Leaders in charge to secure proper treatment, including hospitalization, anesthesia, and injections of medication for my child.

I _____ (*initials*) give I _____ (*initials*) do not give permission for the Adult Leaders registered with the BSA to administer common over the counter oral medications including, but not limited to, analgesics and fever reducers such as acetaminophen (“Tylenol”), ibuprofen (“Motrin”); anti-diarrheal treatments such as loperamide hydrochloride (“Imodium A-D”) and bismuth subsalicylate (“Pepto-Bismol”); anti-motion sickness medications such as Dimenhydrinate (“Dramamine”); and antacids.

List allergies and medical conditions: _____

parent or guardian’s signature

date

area code and phone number

emergency contact person

relationship

area code and phone number

I promise to listen to and obey the directions of the troop’s Scout and Adult Leaders and will behave in accordance with the Scout Law and Scout Oath. I will respect the property of others and of the troop. Should I be responsible for drying a troop tent, I will set up the tent for airing and drying within two days of returning from the event, inventory and repack. I will return the dry tent at the next available troop meeting to the Troop Quartermaster. I will be responsible for reimbursement on a prorated cost if I fail to dry the tent leading to the tent being unusable.

Scout signature

date