

TROOP 63 and VENTURE CREW 63
CAPE HENRY DISTRICT, TIDEWATER COUNCIL
BOY SCOUTS OF AMERICA (BSA)

HOLD HARMLESS AND MEDICAL RELEASE AGREEMENT

1. I grant permission for my son or daughter _____ to attend a Troop 63/Crew 63 activity at _____ from _____ to _____. Unless otherwise indicated below, my son/daughter will attend the entire activity. Details on any late arrivals or early departures (who picks them up, times and dates, etc.):

2. I will ensure that my son/daughter is properly equipped and has appropriate clothing for this activity. My son/daughter and I understand that he/she must follow directions given to him/her by his/her fellow scout leaders, crew leaders and adult leaders, especially when it is safety related.

3. **Safety/Injury.** In consideration of my son/daughter having the privilege of participating in the activity, and acknowledging that my child and I accept responsibility for my child's actions at all times, we hereby assume the risk of, and release and hold harmless Boy Scouts of America ("BSA"), Tidewater Council ("TC"), Cape Henry District ("CHD"), Francis Asbury United Methodist Church ("FAUMC"), the United Methodist Church ("UMC"), the Norfolk District of the UMC ("NDUMC"), Troop 63/Crew 63 and its leaders or assistants from any and all injury to or damage by my child while on this activity and while traveling to and from same. As parent or guardian of my minor child, I agree to be financially responsible for any and all damages, costs or fees, regardless of how it may occur and whether it be at the direction of the above or not, for which the BSA, TC, CHD, FAUMC, UMC, NDUMC, Troop 63/Crew 63 and its leaders, or assistants may be liable as a result of the conduct of my son/daughter.

4. **Medical.** I, as parent and/or guardian of my son/daughter, also authorize the Scoutmaster, Assistant Scoutmasters and/or Crew Leader of Troop 63/Crew 63 as an agent for me to consent to any medical, dental, or surgical diagnosis or treatment and hospital care for my son/daughter that is deemed advisable by a licensed physician or surgeon. Efforts will be made to contact me at the below phone numbers. I agree to pay for any such treatment rendered to my son/daughter and to reimburse the above for any expenses they may have incurred as a result of such treatment or any bills that may be sent to them as a result of signing for the same on my son's/daughter's behalf. This authorization will remain in effect both during this activity and while traveling to and from the same.

Son's/daughter's medical or other conditions: _____
Medications taken & schedule: _____

Home Phone: _____ **Cellular Phone:** _____
Emergency Phone: _____ **Pager:** _____

I HAVE READ THIS RELEASE AND CONSENT AND DISCUSSED IT WITH MY CHILD

(Parent/Legal Guardian) (Date) (Parent/Legal Guardian)

Parent Participation. (Please indicated with an "X")

- Parent will be attending this activity: **No:** _____, or **Yes** _____ - # of seats (less the driver): _____
- Whether parent is attending or not:

If needed, a parent can drive both ways: _____, or there only _____, or return only _____
*******Return this form by:** _____ (the Monday before the activity) *****