



CONSENT FORM
APPROVAL BY PARENTS OR GUARDIANS

First name of BSA member/guest and middle initial Last name
Address Birth date (month/day/year)
City State Zip
Area Code and telephone No. (parent's business) Area code and telephone No. (home)

APPROVAL

FOR: (Name of activity, orientation flight, outing, trip, etc.) ON: (Date(s))

Parent / Guardian Signature Date

PARENTS OR GUARDIANS

(Please read all statements before giving approval for participation in the activity listed above.) I hereby approve and agree to all terms, conditions, and waiver of claims of the CONSENT FORM and certify to its correctness. Further, I agree that this BSA youth member or guest can meet the health and physical fitness requirements of the trip or activity.

Waiver of Claims

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America, pack, troop, patrol, team, crew and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company
Policy number
Physician
Telephone No. ( ) Physician

Water Activities

In the event that the trip or activity takes place in total or in part on or near water, I certify that this BSA youth member/guest is (check one):

- Non-swimmer
Beginner Swimmer
Advanced Swimmer
Lifeguard Certificate Holder

All such activities are to be conducted within the safety guidelines as may be appropriate.

Scout/Venturer Driver Qualifications

When traveling to a Scout or Venturing event under the leadership of an adult tour leader (at least 21 years of age), a Scout/Venturer at least 16 years of age may be a driver subject to the following qualifications:

- (1) six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted)
(2) no record of accidents or moving violations
(3) parental permission has been granted to leader, driver and riders

Notary Public (if required)

Subscribed and sworn before me on this the \_\_\_ day of \_\_\_(year)\_\_\_

My commission expires: \_\_\_(year)\_\_\_

Signature

Notary public

