

BREWSTER TROOP 1 - ACTIVITY APPROVAL BY PARENTS OR LEGAL GUARDIAN

As the parent or legal guardian of _____, I hereby give my permission for him/them to participate in an outing with Brewster Troop 1.

Date(s): _____

Location(s): _____

HOLD HARMLESS 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 in this activity. I also understand that participation in this activity 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, 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 an 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.

In case of emergency (*Parent or Guardian*):

Name _____ **Phone** _____ **Circle** _____ **Phone** _____ **Circle** _____
_____ can be reached at _____ (H)/(C) or _____ (H)/(C)

Name _____ **Phone** _____ **Circle** _____ **Phone** _____ **Circle** _____
_____ can be reached at _____ (H)/(C) or _____ (H)/(C)

Alternate Contact (*If I cannot be reached*): (**BACK HOME CONTACT**)

Name _____ **Relationship** _____ **Phone** _____ **Circle** _____
_____ (H)/(C)

My son(s) will be driven to this event/outing by: _____

My son(s) will be picked up from this event/outing by: _____

If the leader(s) above are unable to drive/pick up my son(s), any registered Brewster Troop 1 Leader with Current Youth Protection Training may be a substitute driver. (Y) or (N). ← *You must circle one.*

Other Notes, Special Considerations and/or Instructions:

Parent or Guardian

Signed: _____ **Date:** _____

Print Your Name Clearly: _____