

MANOA TROOP 33

ACTIVITY CONSENT FORM (SCOUT, FAMILY, GUEST)

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, family members, and guests to participate in all scouting events from _____ to _____. Participants under the age of 21 must have a parent or guardian sign this form.

First name of participant	Middle initial	Last Name
Birth date (MM/DD/YY)	/ /	Age during activity
Address		
City	State	Zip Code

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I/we understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I/we also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

I/we also hereby assign and grant to the local council, the Boy Scouts of America, their authorized representatives, and Troop 33 the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I/we hereby release the Boy Scouts of America, the local council, Troop 33, or other organizations associated with the activity from any and all liability from such use and publication. I/we further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA and Troop 33, and I/we specifically waive any right to any compensation I/we may have for any of the foregoing."

In case of an emergency involving a participant, I/we understand that efforts will be made to contact the emergency contacts listed below. In the event none of them can be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's family and/or emergency contacts, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of a participant, I/we hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____

Participant's signature _____ Date _____

Family Members and/or Parent/Guardian for Guests under 21 years old:

Print Name/Relationship _____ Participant's signature _____ Date _____

Print Name/Relationship _____ Participant's signature _____ Date _____

Print Name/Relationship _____ Participant's signature _____ Date _____

Print Name/Relationship _____ Participant's signature _____ Date _____

List restrictions for any participants above, if any: _____

Emergency Contacts:

Print Name/Relationship _____ Phone number (Primary) _____ Phone number (Alt) _____

Print Name/Relationship _____ Phone number (Primary) _____ Phone number (Alt) _____