**BSA Troop 168**

**Permission to Participate in Activities and Waiver of Responsibility**

**Charter Organization: St. Laurence Church, Southlake, Texas**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and in full confidence that every precaution will be taken to insure the safety and well-being of my Scout/Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **I agree** to his/her participation in all activities approved by the Troop leadership and waive all claims against Boy Scouts of America, the local council, activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities, leaders of this Troop, officers, agents, and the charter organization.

**I understand** that participation in scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. The activities may be strenuous in nature, and may include one or more of the following conditions: athletic competitions, adventure challenge or wilderness expedition (a-foot or afloat) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue and/or remote conditions where readily available medical care cannot be assured. I have carefully considered the risk involved and have given consent for myself or my child to participate in troop activities.

My scout/ward is in good physical condition at present, and has had no serious illness or operation since his/her last health examination. I shall make sure he/she does not attend an activity if is not feeling well.

**In the event of an emergency involving my child**, **I understand** every effort will be made to contact me. In the event I cannot be reached, I give the troop leaders of the activity, my permission to obtain treatment (hospitalize, secure proper anesthesia, order injections or surgery) for the above-mentioned individual at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. 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 participants parents or guardian and/or determination of the participant’s ability to continue in the activity. This consent is valid and considered current until the parent/guardian provides an update to the Troop.

Signature of Parent or Guardian Date