



BOY SCOUT LEADER TROOP 104
ACTIVITY CONSENT FORM AND WAIVER OF RESPONSIBILITY



I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself to participate in the activity. I understand that participation in the 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 consideration of benefits derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence those precautions will be taken to ensure the safety and well being.

Leader Name: _____
Address: _____ City: _____ Zip: _____
Birth date: _____ ☐ Special considerations or restrictions: _____

On a Scout activity, I agree to my participation and waive all claims against the leaders of this activity, officers, agents, representatives of Boy Scouts of America, and the sponsor.

In case of emergency, the troop leader of this activity has my permission to obtain medical treatment for me at the hospital or doctor, at my expense, if my own doctor is not readily available, and as restricted on the emergency data sheet on file with Troop 104. In the event my family cannot be reached, I hereby give my permission to the medical provider selected by the leader(s) in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for myself. Medical providers are authorized to disclose to the leader 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 family, and/or determination of the participant's ability to continue in the program activities. This form is valid for the entire adult leader's career. It is your responsibility, as the adult to notify and update any changes that appear on this form during the validity period.

Signature of Participant

Date

EMERGENCY INFORMATION

During the scouting activity, I can be contacted at the following phone numbers:

() _____ () _____

I am allergic or sensitive to: _____

What medication, if any, are you taking? _____

Are there special instructions for this medication? _____

Date of latest or last tetanus shot/booster? _____

Physician Name _____



MEDICAL INSURANCE INFORMATION

Company Name _____

Policy Holder's Name _____

Policy Number _____ Group/Control _____

Other Information _____

It is recommended that you keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed.