
Outing: _____

Date of Outing: _____--

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 having confidence that every precaution will be taken to assure the safety and well

being of my **son(s), (NAME)** _____

on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, officers, agent, and representatives of the Boy Scouts of America and the Troop Sponsor.

In the event of an emergency, the unit leader of the activity has my permission to obtain medical treatment for this Scout at the nearest Hospital or Doctor, at my expense, if our own Doctor is not readily available and as restricted on the Medical Information Sheet on file with the unit.

Signature of parent or guardian and date:

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

or

Contact the following individual in the event I cannot be reached:

(Name)

(Phone)

Special Instructions for my scout