



TROOP 170 ACTIVITY CONSENT FORM

Troop Activity: _____ Activity Location: _____
Departure Date: _____ at _____ AM/PM Expected Return Date: _____ at _____ AM/PM

As parent or legal guardian of _____
I hereby give my permission for this child to participate in this Boy Scout Troop 170 activity.

I 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 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*. In case of an emergency involving my child, I understand that efforts will be made to contact me.

In the event I cannot 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 parents or guardian, 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 my child, I 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, local councils, and Troop 170 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's restrictions, if any: _____ No Restrictions:

PHOTO RELEASE - All participants and their parents have read and agree to this policy: I understand that by attending this program, sponsored by Troop 170, Northern NJ Council, Boy Scouts of America, I consent to the use of photographs, film, videotapes, electronic representations and/or sound recordings made of me during that time by Troop 170, at their discretion, and I hereby release the Troop 170 and its Charter Organization, Leaders, as well as the Boy Scouts of America from any and all liability from such use and publication.

My son has reviewed the equipment checklist from the Scout Handbook and I am satisfied that he is properly dressed and equipped for this activity. I understand that all troop activities are conducted in the spirit of the Scout Oath & Law. Any scout who, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home. In accordance with the "Mentally Awake" line in the Scout Oath, Troop 170 discourages the use of cell phones and/or other electronic devices without permission of an adult leader. Please have your Scout read and sign this form below.

Printed Name of Parent or Legal Guardian Signature of Parent/Legal Guardian/Date

Phone _____ Alternate Phone _____

Printed Name of Participant (Scout) Signature of Participant/Date

*If I am not available, please notify (Name/Relationship) _____/_____

Phone _____ Alternate Phone _____