

Informed Consent and Hold Harmless Agreement

Please complete the other side. Thank you

Effective from date of signature through December 31, 2007

Scout Name: _____

Adult Name: _____

initial

_____ We agree to indemnify, hold harmless and defend Boy Scout Troop 615, its directors, leaders, officers, and agents ("leaders") from and against any claim, demand, action, or cause of action asserted by anyone due to liabilities and injury caused to myself, my son (ward) and/or by my son (ward). However, this indemnification shall not apply to any claim, demand, action or cause of action if it is determined by a court of competent jurisdiction the injury/liability complained of was solely caused by negligence or intentional act or omission of said leaders.

_____ We further agree to indemnify, hold harmless Boy Scout Troop 615 leaders from and against all losses, damages, claims, liabilities, and causes of action of every kind and nature resulting from or rising out of any action of negligence or intentional misconduct on the part of myself or son (ward).

_____ We understand that participation in activities offered through Boy Scout Troop 615 is strictly voluntary and involves a certain degree of risk. We have carefully considered the risk involved and have given my consent for our son (ward) to participate in these activities. In granting permission and consent, we assume full responsibility for any and all damage to person or property caused by myself or our son (ward) during such activities.

Medical Treatment Consent for Minors

_____ We authorize the treatment, administration of anesthesia and surgical treatment(s), or any emergency or dental treatment deemed necessary by Boy Scout Troop 615 leaders during such activities who presents our son (ward) for such treatment, in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact us. This authorization extends to any hospital and to both physician and nursing personnel within the hospital as well as any physician where treatment is required in the physician's office or anywhere else. We further authorize any doctor or hospital treating our son (ward) while he is on this outing to discuss and release information regarding such treatment or follow-up care to any Boy Scout Troop 615 leadership who presents our son (ward) for such treatment. We further release from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent which are deemed necessary for our minor son (ward.) This authorization expires on the date listed above. We authorize Boy Scout Troop 615 leaders to retain and administer prescribed medications to our son (ward) that we have listed below or as may be updated from time to time..

both
parents
initials in
this box
please, if
needed

_____ We will notify Boy Scout Troop 615 leaders in writing of any changes to the information I have provided below prior to permitting involvement in any Boy Scout activities.

_____ We specifically authorize Troop 615, Twin Lakes District, Bay Lakes Council and Boy Scouts of America to reprint and images of our son (ward) and our ourselves in various media for Scout-related purposes only. No rights are reserved by this grant of permission.

_____ We understand that if we have questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to signing.

We expressly acknowledge that each of us have carefully read and this statement and fully understand its impact and effect.

Parent/Guardian Names: _____
(Print both names)

Phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact: _____ Phone: _____
(Name-Print)

Insurance Carrier: _____ Group #: _____

Participant Physician: _____ Phone: _____

**Please provide
copies of
insurance cards**

All Allergies: _____

Medications: _____
(Name) (Dose) (Frequency)
_____ (Name) (Dose) (Frequency)
_____ (Name) (Dose) (Frequency)

Signature: _____ Date: _____

Signature: _____ Date: _____