

Waiver and Release Boy Scout Troop 586

I/we, the parents/guardians of _____ give consent for my/our son to participate in the activities of Boy Scout Troop 586. This includes campouts, meetings, fundraisers, parades, and other events as they arise.

In consideration of the troop's agreement to provide such activities for my child, I/we hereby release the troop's adult committee and Christ United Methodist Church, 1140 Claremont Av, Ashland OH from any and all liability, for any injury that might be sustained by our child while participating in these events and activities. I/we understand that all due care and good safety practices will be enforced.

I/we understand that the troop has insurance, which is to be a supplemental to our own medical coverage.

If my child should need emergency medical treatment as a result of an accident or event that occurs while traveling to and from, or participating in any of these activities, such treatment is to be provided, if possible, by a doctor, ambulance attendant, or other medical personnel, and if parties to be notified in the case of an emergency cannot be notified, I/we grant permission to the adult leader in charge to act on our behalf.

I/we have completed a medical form, which will be in the possession of the troop leaders at all times during all activities and events.

I/we further understand, consent, and agree that the Adult Committee Members of the Boy Scout Troop 586 will not be held responsible for the outcome of such medical treatment. It is understood that the Adult Leader in charge will make a good faith effort in seeking and providing emergency medical care for my child.

This release shall be good for 1 year from the date of signing.

Name of Family Doctor _____ Phone # _____

Name of Dentist _____ Phone # _____

Name of Medical Specialist _____ Phone # _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone # _____

Alternate Contact _____ Phone # _____

Relationship to Scout _____