

Annual Permission Form & Surgical Waiver 2010 Activities—Troop 97 BSA

Informed Consent and Hold-Harmless Agreement: I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in Scouting is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the volunteer adult leaders of Troop 97 and the Boy Scouts of America from any and all claims or liability arising out of this participation.

Troop activities may include, but are not limited to, backpacking, mountain and road bicycling, mountain hiking and camping throughout the year, cross-country and downhill skiing, swimming, river and lake canoeing, white-water rafting, sailing, horseback riding, rock climbing/rappelling, the annual week at a BSA summer camp, and the annual Troop 97 "Trek" (for 2010, an 8-day river canoe trek on the upper Missouri River in Montana [Missouri Breaks]) or other similar Venture expeditions.

Surgical Waiver and Emergency Treatment: In case of emergency involving my child, I understand every effort will be made to contact me (using the phone numbers below). In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult 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 parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Medical Information and Limitations: I understand the troop will use the medical information provided by me and by our physician on the summer camp medical form. If my son did not attend summer camp within the past year, I have provided necessary information on the Troop 97 Health and Medical Statement (available from the Scoutmaster). I have listed below any new or changed health and medical information or restrictions affecting my son's/ward's Scouting participation.

Current medications and other medical information or special limitations affecting my son's/ward's Scouting participation:

Transportation: I have read the Troop 97 Driving Safety Policies (page 12 of the troop information booklet) and agree to do my best to abide by them whenever I provide transportation for Troop 97. I recognize that my son will be transported on troop activities by volunteer drivers like myself. **In accordance with BSA policy, those under the age of 18 are not allowed to drive under any circumstances except to and from troop meetings.**

Photo Non-Release: The troop sometimes places photos of troop activities on the troop website (www.troop97.net). We do **not** identify Scouts, but faces may be recognizable. Please check the box at left if you do **not** want any recognizable photos of your son placed on the troop website.

Name of Scout

Date Signed

Signature of Father/Male Guardian

Signature of Mother/Female Guardian

Telephone Numbers Where I Can Be Reached In An Emergency