

## Annual Permission Form & Surgical Waiver 2009 Activities—Troop 657 BSA

**Informed Consent and Hold-Harmless Agreement:** I understand that participation in Scouting activities involves a certain degree of risk. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son/ward, I hereby consent to his full participation on all Troop 657 activities during 2009, and waive all claims against the volunteer leaders of Troop 657 and the Boy Scouts of America. 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 or other similar expeditions.

**Surgical Waiver and Emergency Treatment:** In the event of medical emergency, I hereby give permission to the physician selected by the Scoutmaster or other adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/ward. I understand the leader in charge will make reasonable efforts to contact me (using the phone numbers below) before taking any such action, if possible.

**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 657 Health and Medical Statement. 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 657 Driving Safety Policies and agree to do my best to abide by them whenever I provide transportation for Troop 657. 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.**

**Separate Permission Slips/Changes in Information:** In addition to this annual form, the troop may collect a separate permission slip for each outing (each slip has space to update phone numbers or medical information). Information may also be updated at any time by executing a new copy of this form or of the Troop 657 Health and Medical Statement (see the Scoutmaster). Otherwise, the annual permission form is updated each fall, and the medical information is updated prior to summer camp each year.

☐ **Photo Non-Release:** The troop sometimes places photos of troop activities on the troop website ([www.troop657.org](http://www.troop657.org)). 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