

Activity: _____
Time/Date/Location: _____

Leader(s) in charge of activity: Dave Blankenship

Emergency Contact During Activity: DB Cell 573-5060 DB Home 393-7162



Event: _____

Participant: _____

List any medication needed during this period (type/time/amount/etc.) _____

Insurance Company _____ Policy Number _____

Personal Physician _____ Phone # _____

The above named participant has permission to take part in the described activities, or the above named adult participant is taking part in the described activities. I am familiar with the mode of transportation, the leadership in charge, and other circumstances of the activity. I certify that the participant is in good health and can participate in the activities.

I understand that all reasonable measures will be taken to safeguard the health and the safety of the participant and that the PARENTS or EMERGENCY CONTACT will be notified as soon as possible in case of an emergency.

If the PARENTS or EMERGENCY CONTACT cannot be notified, I hereby give my permission to the Emergency Medical Personnel, Physician, Surgeon, and Hospital selected by the Unit Leader(s) to provide whatever emergency medical or surgical treatment is deemed necessary in the case of a medical and/or surgical emergency of the participant.

In consideration of the benefits to be derived from participation in this Crew trip or activity, any and all claims against the Boy Scouts of America or its local councils, Venturing Crew, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the Crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

I hereby give my permission for the above-named participant to ride with the following Venture youth driver(s): _____ or to transport the following Venture youth members: _____

SIGNATURE _____ DATE _____

(Parent/Legal Guardian)

Phone # during event _____ Emergency phone # _____