

# TROOP 425

## INFORMED CONSENT AND HOLD-HARMLESS AGREEMENT

TO BE COMPLETED ANNUALLY NOT LATER THAN APRIL 1.

YEAR: \_\_\_\_\_

(To be completed by all adult participants and by the parents or guardian of each Scout. Strike through and initial inapplicable language. Return your completed forms to the Scoutmaster, Committee Chair or Advancement Chair.)

I/We understand that participation in camping and other activities offered by Troop 425, Red-Tailed Hawk District, Heart of America Council, Boy Scouts of America, involves exposure to possible accident, illness, or injury associated with physically demanding activities and travel. Participants may be exposed to occasional severe weather such as lightning, hail, flash floods, and excessive heat or cold. Other possibilities include injuries from falls, motor vehicle accidents, accidents on water, asthma- and diabetes- related incidents, heart attacks, heat exhaustion, hypothermia, confrontation with wild animals including bear and mountain lion, and other hazards.

I/We have carefully considered the risk involved, obtained a proper physical from a competent physician, and believe that I/our son is physically fit to meet the challenge. Therefore, I/we have given our son \_\_\_\_\_, consent to participate in camping and other Scouting activities offered by Troop 425. Therefore, I consent to participate in camping and other Scouting activities offered by Troop 425. I have previously submitted or I am submitting herewith, a properly completed health form in which I provide(d) written consent for leaders of Troop 425 to obtain emergency medical treatment for me/my son. Attached are front and back copies of my health insurance card/the health insurance card for my son and I authorize its use to obtain emergency treatment for me/my son if necessary.

This form must bear the original signature of the parent, guardian or adult participant:

_____	_____
Name (Please Print)	Name (Please Print)
_____	_____
Signature	Signature
_____	_____
Date	Date

IN AN EMERGENCY I MAY BE REACHED AT (        ) \_\_\_\_\_ - \_\_\_\_\_ .

IF I CANNOT BE REACHED PLEASE CONTACT:

\_\_\_\_\_,  
(RELATIONSHIP)

AT (        ) \_\_\_\_\_ - \_\_\_\_\_ or (        ) \_\_\_\_\_ - \_\_\_\_\_ .