

TROOP ACTIVITY PERMISSION AND CONSENT
TROOP 228 · FLOWERY BRANCH, GA

Being the parent or legal guardian of _____ a Boy Scout and member of Troop 228, Flowery Branch, GA, I do hereby grant my permission and authorize him to participate in the following activity sponsored by the Troop.

Event: _____ Place: _____

Date: _____

I understand and agree that this event shall include, but not be limited to, the following activities and to others relating thereto, and I do grant my permission for my son to participate in such activities:

I do further understand and agree that transportation to and from the activity shall be in private automobiles provided and driven by adults, and I do hereby grant my permission for my son to travel in such vehicles so operated by licensed and independently insured adults.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my son during this activity or trip, I hereby agree that I shall hold harmless and free from liability and legal responsibility the Boy Scouts of America, the North East Georgia Council of BSA, the Troop 228 and its leaders, and the supervising and participating adults for this activity in the event of any accident, injury, or illness incurred by my son as a consequence of or during participation in said event or the activities conducted thereon, including those resulting from the following: (1) actions and behavior of my son, acting independently or with others; (2) actions of other boys participating in the activity or trip; (3) hazards inherent in the nature of the activities engaged in; (4) actions of any other persons not authorized as Troop 228 leaders; (5) defects in or misuse of equipment; (6) inclement weather and acts of God; (7) loss or damage incurred by my son to his personal equipment; or (8) ensuing illness related to participation in this event.

ADDITIONAL MEDICAL INFORMATION

My spouse or I have previously executed a Medical Emergency Authorization, which remains valid. Supplemental or current medical data is provided below:

EMERGENCY CONTACT INFORMATION FOR THIS EVENT ONLY

Person(s): _____ Phone Number(s): _____

Address where Scout can be taken in case of emergency

Parent Signature: _____