

# CONSENT FORM

## APPROVAL BY PARENTS OR GUARDIANS

(For Tiger Cubs, Cub Scouts, Webelos, Boy Scouts, Varsity Scouts, Venturers, and Guests under 21 years of age, participating in a den, pack, team, troop, or crew trip or activity)

First name of BSA member/guest and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Birth \_\_\_\_\_ date (month/day/year) \_\_\_\_\_

Additional address (need street address if you have a P.O. box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Area code and telephone No. (parent's business) Area code and telephone No. (home)

### APPROVAL

(If two parents/guardians, both need to sign.)

FOR: \_\_\_\_\_ ON \_\_\_\_\_  
 (Name of activity, orientation flight, outing, trip, etc.) (Date)

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS OR GUARDIANS

(Please read all the statements on both pages before giving approval for participation in the activity listed above.)  
 I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this BSA youth member or guest can meet all health and physical fitness requirements of the trip or activity.

### Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company \_\_\_\_\_

Policy No. \_\_\_\_\_

Physician \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Physician

**Water Activities**

In the event that the trip or activity takes place in total or in part on or near water, I certify that this BSA youth member/guest is (check one):

- Nonswimmer
- Beginner Swimmer
- Advanced Swimmer
- Lifeguard Certificate Holder

All such activities are to be conducted within the safety guidelines as may be appropriate.

**Venturer Driver Qualifications**

When traveling to a Venturing event under the leadership of an adult tour leader (at least 21 years of age), a Venturer at least 16 years of age may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learners permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

**Waiver of Claims**

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America, pack, troop, team, 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 trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

**For Use by Notary Public If Required**

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn before me on this the

\_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My commission expires:

\_\_\_\_\_ (year) \_\_\_\_\_

Signature

\_\_\_\_\_

Notary public