



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org/forms.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

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

City _____ State _____ Zip _____

Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____
(Date) (Date)

Without restrictions

Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact)

Email (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name _____

Phone _____ Email _____



T*S*R
Trask Scout Reservation



**SCOUT PARENTAL SHOOTING SPORTS
PERMISSION AND RELEASE FORM**

MINOR'S NAME _____
(PRINT)

I _____ THE PARENT ____ LEGAL GUARDIAN ____
(PRINT)

of the above named minor do hereby give permission as required by California Penal Code Section 12552 to the Boy Scouts of America, Greater Los Angeles Area Council, and to the instructors certified by the Greater Los Angeles Area Council meeting the requirements for instructors established by the Boy Scouts of America (national,) to furnish a BB Gun/Rifle/Shot Gun/Archery Bow and Arrow/Tomahawks and anything thereof that leaves the hand of a Scout or Youth and potentially hits a target, to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting, and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, the Greater Los Angeles Area Council and all officers, members, employees, and volunteers thereof, from all suits of actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act of omission of the above named minor occurring during the course of said instruction.

SIGNED _____ PARENT ____ LEGAL GUARDIAN ____

DATE _____



GREATER LOS ANGELES AREA COUNCIL
BOY SCOUTS OF AMERICA

At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child while at camp, sign and date the form and send it to camp with your child.

I give consent for _____, who is my son/daughter or ward,

Please print child's name clearly

to use the following equipment offered at camp depending on availability:

Please circle your unit type and provide your unit number if applies-

Unit Type: Pack Troop Crew Post Team GS Troop Non-BSA

Unit # 18

For Cubs Scouts/Girls of Cub Scout Age:

- Archery
- B.B. Guns

For Boy Scouts/ Girls of Scout Age and Adults:

- Archery
- B.B. Guns
- .22 Rifles

At

Camp Trask

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian