

PARENTAL POWER OF ATTORNEY FORM

In the event of an emergency, I authorize my Agent to consent to medical treatment, including hospitalization, anesthesia, surgery, or medicine for my Child.

In consideration of the risks involved, the benefit my Child receives from his participation in TSG and TSG Troop activities, and acknowledging that my Child's participation in TSG and TSG Troop activities is voluntary, I agree to indemnify, hold harmless, and release TSG, my TSG Troop, and their respective agents, executive committee, board members, directors, trustees, employees, Officers, contractors, representatives, volunteers, and heirs and successors thereof from any and all claims, causes of action, and/or liabilities arising out of or resulting from Agent's actions and/or my Child's participation in TSG and TSG Troop activities.

I further agree to instruct my Child to follow all safety instructions given by the leaders and volunteers of my TSG Troop during any TSG and TSG Troop activities.

THE AGENT, BY ACCEPTING OR ACTING UNDER THIS AGREEMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

The Agent acknowledges and agrees to comply with all of the policies and procedures set forth in TSG's Officer's Manual. The Agent further acknowledges that Agent is or will become a member of the Child's local TSG Troop and will remain in good standing so long as this Agreement remains in full force and effect or so long as Child participates in TSG and TSG Troop activities.

In consideration of the risks involved, the benefit the Child and Agent receive from their participation in TSG and TSG Troop activities, and acknowledging that the Child's and Agent's participation in TSG and TSG Troop activities is voluntary, the Agent agrees to indemnify, hold harmless, and release TSG, my TSG Troop, and their respective agents, executive committee, board members, directors, trustees, employees, Officers, contractors, representatives, volunteers, and heirs and successors thereof from any and all claims, causes of action, and/or liabilities arising out of or resulting from the Child's and/or the Agent's participation in TSG and TSG Troop activities.

If any provision herein is held to be illegal, invalid, or unenforceable under present or future laws, such provision (the "Struck Provision") shall be fully severable and this instrument shall be construed and enforced as if the Struck Provision is not a part thereof. The remaining provisions thereof shall remain in full force and effect, and in lieu of the Struck Provision, there shall be added automatically as a part of this instrument a provision as similar in its terms to the Struck Provision as may be possible and be legal, valid, and enforceable.

Parent/Legal Guardian Name (Please Print):	
Parent/Legal Guardian Signature:	Date:
Agent Name (Please Print):	
Agent Signature:	Date:
TSG Troop Captain Name (Please Print):	
TSG Troop Captain Signature:	Date:

STATE OF	_ §					
COUNTY OF	_ \$					
This instrument wa				day of	, 20, by	
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STATE OF	- \$ \$					
COUNTY OF	_ \$					
This instrument wa			e on the	day of	, 20, by	
		Ī	Notary Public, State of			
This document has	been verifie	ed and rec	orded by t	he TSG Troo	p Captain:	
TSG Troop Captain Name ((Please Print):_			Troc	op#:	
TSG Troop Captain Signatu	ıre:			Dat	e:	
*Original to be kept and filed l	oy Troop Captai	n with copy to	o Parent / Leg	gal Guardian and A	Agent	