

BSA TROOP 810 EVENT SUMMARY

Event/Outing Name:		Trip Leader:	
Location:		Emergency Phone Number:	
Cost:		Cost Includes Food (Y or N):	
Departure Date:		Return Date:	
Departure Time:		Return Time (Estimated):	
Departure Location:		Return Location:	

(Separate on dotted line - retain the top portion for your records and give completed Permission Form to Trip Leader)

BSA TROOP 810 PERMISSION FORM

Event/Outing: _____

I hereby give permission for my scout, _____, to attend the above-referenced Event/Outing (hereinafter referred to as the "Event"). In consideration of the benefits to be derived and in view of the fact that membership in BSA Troop 810 and participation in the Event is voluntary, I do hereby forever release, hold harmless, indemnify, acquit, and discharge St. Francis DeSales Catholic Church, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, the Boy Scouts of America ("BSA"), the Baltimore Area Council of the BSA, BSA Troop 810 (the "Troop"), all officers and members of the Troop Committee, the Troop's Charter Organization Representative, the designated Trip Leader for the Event, the Troop's Scoutmaster and all Assistant Scoutmasters and all other persons involved in the Event, including, but not limited to, all adults and scouts in attendance and/or providing transportation to or from the Event from any and all claims, charges, costs, demands, liabilities and causes of action of whatever kind, name or nature in any manner arising out of or from, or relating to any loss, damage, personal, physical, mental or emotional injury, and/or death sustained in connection with or arising out of participation in the Event, including, but not limited to, any travel related thereto. This release is intended to cover all injuries, fatal and non-fatal, and illnesses of every name, type, kind or nature and personal property damage, if any, which may be sustained or suffered from any cause whatsoever connected with the Event. The undersigned hereby expressly understands and acknowledges that participation in the Event may require strenuous physical exertion and I am not aware of any condition that would prohibit, or otherwise limit my scout's participation in the Event that is not otherwise disclosed as a medical condition below. The undersigned further agrees and acknowledges that it may be necessary to pick up the scout from the Event prior to the designated Return Time and Date, and shall promptly do so, if the scout fails to act in an appropriate manner, as determined by the designated Trip Leader and/or Scoutmaster.

In the case of emergency: I understand that reasonable effort will be made to contact me. In the event that I cannot be reached, I authorize the adults and/or scouts participating in the Event to render first aid, as needed and as determined by them to be necessary and capable of being performed, and give permission to the physician selected by the Trip Leader, Scoutmaster, and/or Assistant Scoutmaster (as the case may be) to secure treatment for my scout which may include hospitalization, anesthesia, surgery, or injections of medication. I also agree that I am financially responsible for all medical treatment rendered.

Financial: I agree that the posted cost of the Event will be promptly paid by the undersigned in advance of the Event, or by the due date established by the Trip Leader, if earlier. Payment shall be made by cash, check or debit to my scout's Scout Account, with any negative balance in such account promptly reimbursed. By executing below, I acknowledge that certain costs (registration fees, admission fees, food purchases, etc.) may be incurred as a result of my scout's planned attendance at the Event and, as a result, agree that payment of the Event cost will be made regardless of his actual attendance, without exception. I also accept full financial responsibility for any loss or damage to property which may be caused by my scout.

Medical Conditions: My scout is currently being treated for the following medical conditions:

Medications: My scout is currently taking the following medications and will have them with him at the Event:

Allergies: My scout is allergic to the following: _____ and will have _____ with him in case of an allergic reaction.

Authorization: On an as needed basis, I permit the Trip Leader, Scoutmaster and/or Assistant Scoutmaster to dispense the following medications to my son/ward during the Event (please check all that may be administered):

Tylenol _____ Motrin _____ Benadryl _____ Sudafed _____

Contact Info: The undersigned, or his/her designee, may be contacted at the following phone numbers (please provide two numbers):

Parent/Guardian's Signature: _____ Date: _____