# TROOP 219 TRIP PERMISSION FORM

## Participant Name:

|  |  |
| --- | --- |
| Date: |  |
| Activity: |  |
| Location: |  |
| Depart:  |  |
| Return:  |  |

|  |  |  |
| --- | --- | --- |
| Scouts |  |  |
| Adults |  |  |
| Total Cost Per Scout |  |
| Total Cost Per Adult |  |
| Notes: |

## Troop Equipment Agreement

I understand that all Scouts and adults attending an activity that uses Troop equipment, including but not limited to tents, tarps, and cooking gear, are responsible for the care and cleaning of such gear. I further understand that my Scout may be asked to bring some of this equipment home following the trip, including equipment he did not personally use. I agree to provide any necessary assistance to my Scout to properly clean and prepare such gear for storage. I understand that all gear must be returned to the Troop Quartermaster within two weeks of the completion of the event. I agree that I will be held financially liable for the full replacement cost of any gear that is not returned within that time frame, or for any gear that is damaged beyond repair through the careless acts of my Scout, and agree to promptly reimburse the Troop for such costs.

## Parent Informed Consent and Hold Harmless/Release Agreement

I understand that participation in the above activity, offered by Troop 219, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, and after carefully considering the risk involved, and in view of the fact that Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure safety and well-being of my child, I have given the scout/guest named below my consent to participate in the troop and waive all claims I may have against the Boy Scouts of America, Golden Empire Council, Troop 219 Adult Leaders, activity coordinators, employees, volunteers or sponsors associated with the activity. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

**Medical Insurance Company Medical #**

*Please note special health conditions on reverse side of the Troop copy.*

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| --- |
| Emergency Contact Information |
|  | Name | Preferred Phone | Secondary Phone |
| Primary Contact |  |  |  |
| Backup Contact |  |  |  |

[x] I will be attending this event [x] I have completed Youth Protection Training (required for all adults)

 Print Name Parent Signature Date