

PLEASE FILL-OUT ALL  
FORMS COMPLETELY AND  
PRINT THE FORMS

ALL PARENTS OR LEGAL GUARDIANS  
MUST SIGN AND INITIAL  
WHERE INDICATED

SUBMIT ALL FORMS  
WITH YOUR CHECK FOR THE TROOP DUES  
AS A PART OF YOUR REGISTRATION

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) _____ / _____ / _____ Fecha de nacimiento (mes/día/año)		Age during activity _____ Edad al momento de realizar la actividad

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		From De	(Date) (fecha)		to a	(Date) (fecha)
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### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

### CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

**With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

**Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.**

**NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.**

**NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.**

List participant restrictions, if any: \_\_\_\_\_  
 None

Restricciones del participante, si existen: \_\_\_\_\_  
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:  
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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BOY SCOUTS OF AMERICA®

**PERMISSION SLIP  
ASSUMPTION OF RISKS, WAIVER, RELEASE, AND INDEMNIFICATION**

I/We, \_\_\_\_\_ (parent), \_\_\_\_\_ (second parent)  
am/are the authorized parent(s)/legal guardian(s) of Scout \_\_\_\_\_.  
I/we hereby authorize Scout \_\_\_\_\_ to participate in Troop 658 activities  
for Year 2023-2024.

**Assumption of Risks:** Participation in the activities of Troop 658, including but not limited to rock climbing, backpacking trips, bike trips, river rafting, and fishing trips, carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The undersigned parent(s)/guardian(s) hereby understand(s) and acknowledge(s) that inadvertent accidents, misconduct, as well as failure to follow instructions can cause serious injury or death. In order to minimize risks, all leaders' instructions must be followed completely and immediately. I/We have read, discussed with my/our son and we collectively agree to abide and be bound by the Troop General Policy for Conduct, dated August 27, 2021.

Parent/Guardian Initials \_\_\_\_\_ Secondary Parent/Guardian Initials \_\_\_\_\_

**Waiver, Release, & Indemnification of Liability:** For the purpose and benefit of my/our son Scout \_\_\_\_\_, participation in any Troop 658 activities and in consideration of the time and effort of the voluntary adult leaders of Troop 658, I/we hereby voluntarily agree that under no circumstances whatsoever will myself/we or any member of our family, or any of our heirs, personal representative or assigns, hold liable or make a claim for anything whatsoever, including but not limited to accidents, injuries, illnesses, property loss, first aid rendered, treatment, drugs, medicine, surgical procedures or inadvertent release of personal information, incurred by participation in the Troop's activities and do hereby waive, release, discharge, and covenant not to sue the Greater Los Angeles Area Council, Boy Scouts of America, Scout Parents Inc., St. John Fisher Church, Troop 658 or any of their officers, employees, leaders, volunteers or agents (collectively "Troop 658").

I/we hereby also agree to indemnify and hold Troop 658 harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees and costs brought as a result of my son's involvement in Troop 658 activities and that I/we shall reimburse Troop 658 for any such expenses incurred.

Further, should my/our son Scout \_\_\_\_\_, be alleged by any third party to have undertaken any activity that results in any claim for damage to personal property, injury or death to said third party, the undersigned parent(s)/guardian(s) of \_\_\_\_\_, agree to defend and indemnify Troop 658 from any and all such claims, including but not limited to attorney's fees, costs and settlement or judgment. This complete indemnity will also apply to Troop 658, as against any claims, which may accrue to my/our son \_\_\_\_\_, upon reaching the age of majority or otherwise.

Parent/Guardian Initials \_\_\_\_\_ Secondary Parent/Guardian Initials \_\_\_\_\_

**Waiver, Release, & Indemnification of Liability (Parents) :** I also understand that I, \_\_\_\_\_ (Parent Name), and \_\_\_\_\_ (Second Parent), may be participating as a parent/adult volunteer for various activities of Troop 658, Boy Scouts of America, during the current year from June 2023 through October 2024. These activities include, but are not limited to, camping, backpacking, hiking, rock climbing, scrambling, swimming, and other activities with Troop 658.

In consideration of the time and effort of the leaders of Troop 658 and the other parent/adult volunteers who shall accompany and lead the Scouts for the Activity, I/we hereby agree to voluntarily waive any and all rights against and release Troop 658, its leaders, officers and agents as well as the Greater Los Angeles Area Council, Scout Parents, Inc., St. John Fisher Church, and Boy Scouts of America(hereinafter, collectively, "Troop 658"), and any and all other parent/adult volunteers from any and all claims, actions or causes of action which may arise from my participation, directly or indirectly in any activity I engaged in with Troop 658 resulting in property damage, personal injury or death.

This waiver and release is intended to be as all inclusive as the law allows, in favor of Troop 658 and the other parent/adult volunteers, and is to apply to the my estate, heirs, personal representatives, and assigns and I hereby understand, acknowledge, and agree that under no circumstances will my heirs, executors, administrators or assigns present any claim for personal injury, property damage, or wrongful death, whether as the result of any act or failure to act by Troop 658 or any other parent/adult volunteer.

IT IS THE INTENTION OF THE UNDERSIGNED BY SIGNING THIS INSTRUMENT TO EXEMPT AND RELIEVE TROOP 658, AND ITS OFFICERS, SPONSOR, AGENTS AND PARENT/ADULT VOLUNTEERS FROM ANY LIABILITY INCLUDING BUT NOT LIMITED TO LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR WRONGFUL DEATH CAUSED BY ANY ACT OR FAILURE TO ACT, WHATSOEVER.

Parent/Guardian Initials \_\_\_\_\_ Secondary Parent/Guardian Initials \_\_\_\_\_

**Agreement & Authorization for Pick-Ups:** As parent(s)/guardian(s), I/we will immediately drive to the noticed location and pick-up my/our son, if the troop leaders so request. As parent(s)/guardian(s), I/we further agree to pick-up my/our son at the designated meeting/activity ending time. Should I/we fail to do so, I/we authorize any scout leader or troop committee member to place my/our son in childcare at my expense.

Parent/Guardian Initials \_\_\_\_\_ Secondary Parent/Guardian Initials \_\_\_\_\_

**Severability:** The undersigned parent(s)/guardian(s) expressly agree that the foregoing agreements, assumption of risks, waiver, release, and indemnification are intended to be as all broad and inclusive as permitted by the law of the State of California, in favor of Troop 658. It is further agreed and acknowledged that this agreement shall be severable such that if any portion thereof is held invalid, that the remaining terms shall, notwithstanding, continue in full force and effect.

I acknowledge that I have read the foregoing paragraphs and have been fully and completely advised of the potential dangers and hazards incidental to engaging in Troop 658 activities, and that I am fully aware of the legal consequences of signing this instrument.

**I/WE ACKNOWLEDGE THAT I/WE HAD SUFFICIENT TIME TO REVIEW THIS DOCUMENT THAT INCLUDES LEGAL WAIVERS AND TO CONSULT WITH AND OBTAIN ADVICE FROM AN ATTORNEY OF MY/OUR CHOICE CONCERNING ITS TERMS AND PROVISIONS. I HAVE DETERMINED TO EXECUTE THIS DOCUMENT FREELY AND WITHOUT DURESS.**

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Scout's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

The following document is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Authorization for Medical Treatment Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians unless there is a written consent authorizing an agent to give approval.

\_\_\_\_\_  
Scout's Full Name

\_\_\_\_\_  
Scout's Address

\_\_\_\_\_  
City, State Zip Code

The undersigned do hereby solemnly swear that I have legal custody of the aforementioned minor child.

The undersigned do hereby authorize any of the Troop's adult leaders and/or volunteers to seek medical treatment for my son in case of illness, injury or accident. I/we hereby give authorization to the physician and/or medical professional selected by the adult leader in charge to attend, transport, and treat my son and to issue consent for any X-ray, anesthetic, blood transfusion, injection, surgery, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur, in accordance with the provisions of California Family Code Section 6910.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the 1<sup>st</sup> day of June, 2023, and expiring on the 31<sup>st</sup> day of October, 2024.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Second  
Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFORMATION:**

Father/Guardian \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Parent/Family Email \_\_\_\_\_ Scout's Email \_\_\_\_\_

Residence Address \_\_\_\_\_

**MEDICAL INFORMATION:**

All Medications, Limitations or Allergies. (If **NONE**, please so state)

**HEALTH INSURANCE INFORMATION:**

Insurance Carrier \_\_\_\_\_ Policy & Group No. \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Covered Person \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Second

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Effective for all activities thru October 31, 2024

## **Parental Commitment to Transport**

### **To be completed and submitted to unit/post leadership upon arrival**

I understand that any time during my child's stay at a Unit/Post Meeting/Activity, I may be called on to transport my participant (youth or adult) from the meeting/activity for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the unit leadership team. Furthermore, upon consultation with the unit leadership team I agree to pick up my participant within 1 hour of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Unit/Post Type & Number

\_\_\_\_\_  
Signature of parent/guardian  
OR adult, if over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Secondary Contact Name

\_\_\_\_\_  
Phon

**VEHICLE/DRIVER'S LICENSE INFORMATION – BSA TOUR PERMIT DATA:**

Parent/Guardian \_\_\_\_\_ \*DL# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Second  
Parent/Guardian \_\_\_\_\_ \*DL# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year	Make	Model	No. of Seatbelts Including Driver	Insurance Coverage		
				Public Liability		Property Damage
				Each Person	Each Accident	

***Effective for all activities thru October 31, 2024***