

**MEDICAL CONSENT, ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT**

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS SET FORTH BELOW:

**I. PARENT CONSENT FOR EMERGENCY MEDICAL CARE**

I/we understand that participation in Scouting Activities, including but not limited to, meetings, outings, camping, hiking, swimming, rock climbing, backpacking, cycling, river rafting, water activities, as well as all other activities with Troop 276 (“Scouting Activities”) involves the risk of serious personal injury. In case of an emergency involving me or my child, I/we hereby expressly consent and give permission to provide emergency medical care to me and/or my child, including but not limited to, first aid, CPR, emergency transport, paramedic care, hospitalization, anesthesia, surgery, injections, and/or medication.

With an appreciation of the dangers and risks associated with Scouting Activities, and potential limited access to communications when participating in such Scouting Activities, I/we hereby fully and completely release and waive any and all claims, against Tiger Bay Management, BSA Troop 276, and their respective officers, owners, investors, sponsors, employees, leaders, volunteers, other parents and scouts, or agents, for the emergency medical care provided, lack of informed consent, negligence, and/or personal injury, death, and/or loss that may arise from the emergency medical care provided.

**II. ASSUMPTION OF RISKS**

I/we hereby acknowledge, understand, and agree, on behalf of myself and my minor child, that participation in any activity of Scouting Activities, including but not limited to, meetings, outings, camping, hiking, swimming, rock climbing, backpacking, cycling, river rafting, swimming, water activities, as well as all other activities with BSA Troop 276, CAN BE HAZARDOUS AND PRESENT A RISK OF PROPERTY DAMAGE, LOSS, PHYSICAL INJURY, OR DEATH. I/we understand that Scouting Activities may result in injury and death caused by inherent risks associated with the activities, including but not limited to, slipping, falling, loss of balance, loss of control, strenuous activities, fatigue, altitude, temperature, visibility, equipment failure, improper use of equipment, the natural rugged environment, and acts of God and nature. I/we understand that the description of risks in this Agreement is NOT complete and comprehensive, and I/we voluntarily on behalf of myself and child, agree to participate and EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE ACTIVITY AND THE POSSIBILITY OF LOSS, PROPERTY DAMAGE, INJURY, AND DEATH, resulting from my participation in Scouting Activities.

**III. WAIVER AND RELEASE OF LIABILITY**

I/we hereby acknowledge, understand, and agree that in consideration of the time and effort of the voluntary adult leaders, officers, parents, scouts, volunteers, and agents of Troop 276, I/we hereby voluntarily agree that under no circumstances whatsoever will I/we or any member of our family, or any of our heirs, estates, personal representative, or assigns, hold liable or make a claim for anything whatsoever, including but not limited to claims for damages, injuries, wrongful death, illnesses, property loss, property damage, first aid rendered, treatment, the absence of treatment, drugs, medicine, surgical procedures or inadvertent release of personal information, against BSA Troop 276, its leaders, sponsors (including but not limited to Tiger Bay Management), participants, volunteers, other parents and scouts, and/or agents acting on behalf of BSA Troop 276.

Parent(s) Initials: \_\_\_\_\_

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I/WE HAVE READ THE ENTIRETY OF THIS DOCUMENT, UNDERSTAND THAT I/WE ARE CONSENTING TO MEDICAL CARE, ASSUMING THE RISK, AND WAIVING ANY CLAIMS FOR LIABILITY AGAINST BSA TROOP 276 AND ITS AFFILIATES.

Date \_\_\_\_\_

Name (Scout) \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

Father's or Guardian's Name (printed) : \_\_\_\_\_

Signature: \_\_\_\_\_

Mother's or Guardian's Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

In any emergency notify: \_\_\_\_\_

Tel. \_\_\_\_\_ Tel. \_\_\_\_\_

If an injury makes it advisable to see a doctor's services, please call:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent(s) Initials: \_\_\_\_\_