

Boy Scout Troop 139 South Pasadena

AGREEMENT TO RELEASE AND HOLD HARMLESS AND INDEMNIFY

Release and Hold Harmless

I, the undersigned parent or guardian (hereinafter referred to as the "PARENT") of the hereinafter named minor child (hereinafter referred to as the "SCOUT") **DO HEREBY RELEASE AND DISCHARGE** Boy Scout Troop 139 South Pasadena and the Boy Scouts of America, and their respective officers, leaders, volunteers, contractees, and servants (hereinafter collectively referred to as the "TROOP") from all liability, as defined herein, arising out of, or in connection with, the SCOUT'S participation in activities of the TROOP. For the purposes of this agreement, liability shall be defined as all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators, or assigns may have against the TROOP, because of any death, personal injury, illness, or because of any loss or damage to property, that may occur during any activities of the TROOP that results from any cause other than the willful, gross negligence of the TROOP.

Indemnification

I, the PARENT, further agree to hold harmless, defend and indemnify the TROOP from any and all liability, as defined above, resulting from or in any manner arising out of any negligence of the SCOUT during any activities of the TROOP, but not to the extent that such liability is due to the willful, gross negligence of the TROOP.

Rules and Requirements

I, the PARENT, further agree that the SCOUT shall accept and abide by all of the rules and requirements of any activities of the TROOP, observe the program schedules, and follow the instructions given by any supervisory personnel. I, the PARENT, do hereby grant to the TROOP the right to terminate the SCOUT'S participation in any program, if the TROOP determines that the SCOUT'S conduct is detrimental to the best interests of the TROOP; in which event, the SCOUT'S return home shall be at the PARENT'S own personal expense. Any violation of such rules and regulations may be cause for the SCOUT'S suspension from Boy Scout Troop 139 South Pasadena by vote of the Troop Committee as defined in the By-Laws of Boy Scout Troop 139 South Pasadena.

Responsibility

I, the PARENT, fully recognize and agree that the TROOP cannot, and will not, be held responsible for needs or well being of the SCOUT when the SCOUT is not under the direct supervision of the TROOP during any activity.

Activities Permission

I, the PARENT, hereby authorize and permit the SCOUT to engage in all meetings, outings and activities of the TROOP, including, but not limited to: aquatic activities, aviation, camping, climbing, firearms use (permission for firearms use is hereby granted to the TROOP in compliance with §12552 of the California Penal Code), hiking, horseback riding, and transportation by any means to and from any activities of the TROOP.

Talent Release

I, the PARENT, hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of photographs/film/video/sound recordings of the SCOUT without limitation at the sole discretion of the TROOP; and I specifically waive any and all rights to compensation for such reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution.

Medical Consent

In case of emergency, I, the PARENT, understand every effort will be made to contact me; and in the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the TROOP to secure proper treatment, including hospitalization, anesthesia, surgery, blood transfusions, and injections of medication for the SCOUT.

I, the undersigned, am the Parent or Guardian of the SCOUT, and I have read this "Agreement to Release and Hold Harmless and Indemnify," and I understand its terms, and I execute it voluntarily and with full knowledge of its significance.

NAME OF THE SCOUT (PLEASE PRINT)

HOME PHONE NUMBER

SIGNATURE OF THE SCOUT'S PARENT OR LEGAL GUARDIAN

DATE

Please complete the Personal Health and Medical History on the reserve side





CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent or guardian. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If parent or guardian named is not available, then in the event of emergency, notify.

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicine, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____