

# Boy Scout Troop 132 (Concord, MA)

## Activity Consent Form and Hold Harmless Agreement

Printed name of participant: \_\_\_\_\_

Has approval to participate in **all Concord Troop 132 activities from September 1, 2020 to December 31, 2021** without restrictions.

I understand that participation in Boy Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. In consideration of the benefits to be derived from participating, I have carefully considered the risk involved and have given consent for my child (or myself) to participate. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America (BSA), Concord Scout House Inc., Boston Minuteman Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with these activities from any and all claims or liability arising out of this participation.

In case of emergency involving my child (or myself), I understand every effort will be made to contact the person(s) listed below. In the event that the people listed below cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or myself). Medical providers are authorized to disclose to the adult in charge the examination findings, test results, and treatment provided for purposes of medical evaluations of the participant, follow-up and communication with the participant's applicable parents, guardians, or specified individuals listed below and/or the determination of the participant's ability to continue in the program activities. This form **MUST HAVE** all parent/guardian signatures, and/or the self-signature if the party is 18 years or older.

Signature: _____, Relationship to above participant: _____ Date: __/__/____
Printed: _____ Home #: _____ Work #: _____ Cell #: _____
Signature: _____, Relationship to above participant: _____ Date: __/__/____
Printed: _____ Home #: _____ Work #: _____ Cell #: _____
Other Emergency Contact: Printed name: _____ Home #: _____ Cell #: _____