



Troop 15 Boy Scouts of America
 American Legion Post 179 Log Cabin
 120 Veteran's Place, San Anselmo, CA 94979



Continuing Medical Release and Permission Slip

_____ Birth date (month/day/year) ____/____/____
 Name of Participant

_____ City _____ State _____ Zip _____
 Address

Has approval to participate in all Scouting activities for which I sign him up (electronically or on paper) during participant's association with Troop 15. By allowing participation in an activity I am granting approval for that activity and reasserting the acknowledgment, consent and waiver set forth below.

_____ Without restrictions _____ Special considerations or restrictions: _____

Acknowledgement, Consent and Waiver

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. Before signing up my child for an activity, I will have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. 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, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adults in charge 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.

_____ Date _____
 Participant's signature

_____ Signature _____ Date _____
 Parent/guardian printed name

 Area code and telephone numbers (best contacts and emergency contacts)

 Emails