

PIRATE AD-VENTURING WEEKEND PERMISSION SLIP

THIS SLIP MUST BE SIGNED FOR SCOUT/VENTURER TO PARTICIPATE

I, _____, the parent/legal guardian of _____, give my permission for him/her to attend and participate fully in the Pirate AdVenturing Weekend at Camp Wisdom, from November 21, 2009 through November 22, 2009.

Waiver of Responsibility

In consideration of the benefits to be derived, and given that the Boy Scouts of America is a voluntary educational organization, I hereby agree to my daughter/son's participation and expressly waive and release any and all claims against adult leaders of Circle Ten Council and all officers, agents, and representatives of the Boy Scouts of America arising out of or in connection with the above-referenced event or activity.

I understand adult leaders will be transporting participants to and during the trek activities. I understand also that if, in the sole opinion or discretion of the adult leaders, my son/daughter/ward fails to participate in planned activities or assigned duties, does not abide by rules of good safety, disrupts the conduct of the activity, or continually shows disrespect for the leaders, adults, or fellow Scouts/Venturers, HIS/HER PARENT / GUARDIAN WILL BE REQUIRED TO MAKE ARRANGEMENTS TO TRANSPORT HIM HOME.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to X-ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Medical Insurance Company

Personal Physician

Policy Number

(_____) _____

Physician Telephone Number

Media Release

For value received, I hereby consent to the use of my (or my daughter's or son's if participant is under 21) name, voice and /or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant or adult of any product or service.

Signature

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Parent/Guardian Contact Number during Adventure Race (____)____ - _____

For Use by Notary Public if Required

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized.

Subscribed and sworn to before me on this the _____ day of _____,

My commission expires _____, _____

Signature of notary public _____