ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante _____ Middle initial / Inicial del segundo nombre _____ Last name / Apellido _____

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) ___ _____ / _____ /_____ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____

City / Ciudad _____ State / Estado _____ Zip / Código postal _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) _____ From / De _____ (Date / fecha) to / a _____ (Date / fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
☐ None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
☐ Ninguna

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) _____

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name / Nombre _____ Phone / Teléfono _____ Email / Correo electrónico _____

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PARENT/GUARDIAN PERMISSION FORM

Return this page to group leader

My daughter, _____

has permission to participate in _____

She can participate with reasonable accommodations.

Yes ☐ No ☐

Please describe: _____

_____

During the activity, I (we) can be reached at:

Address: _____ Telephone number: _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____

Address: _____ Telephone number: _____

Relationship to participant: _____

Physician's name: _____ Telephone number: _____

Additional remarks: _____

_____

Parent or guardian's signature _____ Date: _____
(must be signed)

GSUSA Rev. 2004

MAJA-AL
SUBJECT: Legal Review—54th Annual Scout Camporee

RELEASE FROM LIABILITY AND HOLD HARMLESS AGREEMENT – 54th ANNUAL SCOUT CAMPOREE APRIL/MAY 2016

In consideration for receiving permission from the United States Military Academy to enter upon the premises of West Point, New York and to use government facilities and property for the purpose of varsity practice at West Point, the receipt of such permission being hereby acknowledged, I, the undersigned*, intending to be legally bound, waive and release for myself, my heirs, executors, and administrators any and all claims, demands, and any other causes of action whatsoever, which I may have against the Department of the Army, the United States Military Academy, and their agents, officers, employees, representatives, servants, successors, and assignees arising out of my participation in 54th Annual Scout Camporee at Lake Frederick Camping Area from 29 April 2016-1 May 2016, including, but not limited to, any and all loss, damage, death or injuries suffered or sustained to or upon my person or property while in, on or upon the premises of West Point during the camporee.

I am gratuitously using the said area for my sole benefit; and know therefore, in order to avail myself use of the United States Government land, I agree to hold the United States Government and the United States Military Academy, their officers, representatives, agents, and employees harmless for any injuries or damages I may sustain to myself or cause to others by reason thereof.

I understand and acknowledge that by using the United States Government premises, facilities, equipment and services offered, I bear certain known risks and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to the minor identified below, or my property. I understand and acknowledge those risks may result in personal claims against United States Government and the United States Military Academy, their officers, representatives, agents, and employees, or claims against me by spectators or other third parties. These risks include but in no way are limited to the following: (1) the risks involved in use of the premises, facilities, equipment and services offered by West Point; (2) the acts, omissions or negligence in any degree of United States Government and the United States Military Academy, their officers, representatives, agents, and employees, or third parties; (3) latent or apparent defects or conditions in equipment, property or the facilities used the Camporee ;(4) my own physical condition, or my own acts or omissions; (5) rescue, first aid, emergency treatment or services rendered or failed to be rendered by United States Government and the United States Military Academy, their officers, representatives, agents, and employees.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, the minor identified below, or to my property.

The undersigned* further agrees that he or she will indemnify and will hold harmless the Department of the Army, the United States Military Academy, or their agents, officers, employees, representatives, servants, successors, and assignees from any and all costs, charges, claims, demands and liabilities of any kind arising from the willful or negligent acts of the undersigned*.

Nothing to the contrary contained it is understood and agreed that the privileges therein afforded me is in the nature of a privilege, and is not contractual in nature, and that such is revocable at will by the United States Government and the United States Military Academy.

_____
SIGNATURE OF PARTICIPANT

_____
PRINTED NAME

_____
DATE

The undersigned certifies that he/she is the parent or legal guardian of, and has the authority to sign this release for (name of participant) and agrees that he or she will assume liability for any loss, damage, injury, death, claims, demands, actions or causes of actions which may be brought by the *above* participant, or his/her representative as a result of the subject activities.

_____
SIGNATURE OF GUARDIAN
(if applicable)
*Minor children must have the consent of their guardian.