

APPROVAL OF PARENTS OR GUARDIANS

(For Venturers and guests under 21 years of age, participating in a Venturing crew trip or activity)

First name and middle initial Last name

Address Birthdate (month/day/year)

Additional address (need street address if you have a P.O. box)

City State Zip Code

() _____ () _____
Area code and telephone no. (parent's business) Area code and telephone no. (home)

ScoutRace.com (120 mile canoe race) on July 25-29, 2012
Crew trip activity Date(s)

PARENTS OR GUARDIANS MUST READ THIS STATEMENT, BEFORE APPROVING APPLICATION

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Venturer/Guest can meet the health and physical fitness requirements of the crew trip or activity (Personal Health and Medical Record Form—Class 3, No. 34412, to be used if required by type of activity).

may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

Water Activities

In the event that the crew trip or activity takes place in total or in part on or near water, I certify that this Venturer/Guest is (check one):

- Nonswimmer
- Advanced swimmer
- Beginner Swimmer
- BSA lifeguard

All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370, Safety Afloat, No. 34159, and/or the *Sea Scout Manual*, No. 33239, as may be appropriate.

Venturer Driver Qualifications

When traveling to a Venturing event under the leadership of an adult (at least 21 years of age) tour leader, a Venturer at least 16 years of age

Waiver of Claims

In consideration of the benefits to be derived from participation in this crew trip or activity, any and all claims against the Boy Scouts of America or its local councils, Venturing crew, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the Venturer/Guest named above or to his or her property, in connection with or incidental to the crew trip or activity, including preliminary training and travel, are hereby expressly waived by the Venturer/Guest and his/her family or guardians.

Medical Release

In the event of illness or injury occurring to my son/daughter/ward while involved in this crew trip or 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 a member 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.

Insurance Company: _____ Policy No. _____

Personal Physician: _____ Telephone No. _____

My son/daughter/ward has permission to participate in this Crew activity. He/she is in good physical condition and should not be restricted from any activities. If restrictions are in order, they are listed below and I have called the tour leader and discussed those restrictions. I understand that failure to do so can result in him/her being returned home.

Additional Health Concerns/Remarks (allergies, medications, etc.):

Approval

Signature: _____ Date: _____

Name/Relationship: _____