



BSA Troop 167 Activity Permission Form



Participant's Name: _____ Date of Birth: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip code: _____

As the parent or legal guardian of the individual listed above, or self if over 18 years of age,
I hereby give permission for the individual listed above to participate in activities with BSA Troop 167.

This approval is provided (check one):

- Without restrictions
- With the following restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Scouting America, Glacier's Edge Council, BSA Troop 167, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any related activity from any and all claims or liability arising out of this participation.

In case of an 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 leader 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 adult in charge examination findings, test results, and treatment provided for the 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. This form remains valid until withdrawn by the Participant or Participant's Guardian (whichever is applicable), or as updates are required by BSA Troop 167.

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____ Primary Contact Phone: _____

Secondary Contact Name: _____ Secondary Contact Phone: _____

Medical Insurance Company: _____ Policy Number: _____

SIGNATURES

Participant or Parent/Guardian Printed Name: _____

Participant or Parent/Guardian Signature: _____ Date Signed: ___ / ___ / ___

ADDITIONAL INFORMATION

Please include any other information for Troop 167 Leaders: _____

