

### WAIVER OF RESPONSIBILITY

Activity: \_\_\_\_\_

Cost: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety of my son, namely:

\_\_\_\_\_  
(First, Middle, Last Name)

on the activity named above, I agree to his participation and waive all claims against the leaders of this trip, and the officers, agents, and representatives of the Boy Scouts of America, and of Nativity Parish, except for negligence. In the event of an emergency, the Troop leader in charge of the outing has my permission to obtain medical treatment for my son from the nearest hospital or doctor, at my expense.

### EMERGENCY PHONE CONTACT

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ PAGER/CELL: \_\_\_\_\_

### MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication: Currently Taking: \_\_\_\_\_

Administered as follows: \_\_\_\_\_

***NOTE: Every participant MUST have a CURRENT Class 1 Physical on file with the troop! This MUST include information on health insurance (including policy number or SSN for military families), allergies, and inoculations***

Note: According to BSA National policy, Leaders may not administer medication to Scouts. However, it is the responsibility of the family to advise the troop leaders in writing of all medications being taken by the Scout, and provide the medication to the leader for safekeeping.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SCOUT ACCOUNT WITHDRAWAL INFORMATION

Activity: \_\_\_\_\_

Please withdraw \$ \_\_\_\_\_ from my scout account to pay for this outing.

Scout Name: \_\_\_\_\_

Scout Signature: \_\_\_\_\_

*Troop 1100 – Nativity Parish – Burke, VA 22015*

Parent's Signature: \_\_\_\_\_

- I will attend this activity with my son and will drive both ways.
- I can't attend, but will drive:
  - To the activity
  - From the activity
- I will attend, but cannot drive.

Vehicle Year/Make/Model \_\_\_\_\_

Counting my son, I can provide seats with belts for \_\_\_\_\_ Scouts.

***Please be sure that your current Driver/Vehicle Information is on file with the troop!***

**IF YOU SIGN UP TO DRIVE, PLEASE PLAN ON DRIVING!**