

PARENT/GUARDIAN ACTIVITY PERMISSION AND WAIVER FORM
TROOP 167 BOYS SCOUTS OF AMERICA
Mt. OLIVET UNITED METHODIST CHURCH ARLINGTON, VIRGINIA
(Scouts must have a current signed form on record to participate in any external troop activity.)

SCOUT: _____

ACTIVITY: _____ **DATE:** _____

Liability Limitation

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I release Mount Olivet United Methodist Church & Troop 167, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with this activity from any and all claims or liability arising out of this participation.

Physical Condition

I attest that an up-to-date and accurate Scout Medical Data (SMD) Form has been submitted to Troop 167. I also attest that the above named scout is in good physical condition and taking no drugs prescribed by a physician, except as noted on the previously submitted SMD Form or herein as follows (please initial):

- () No changes to Scout Medical Data Form previously submitted.
() Exceptions to Scout Medical Data Form previously submitted: _____

I hereby authorize any licensed physician or other health care professional to render any and all medical treatment which is in his/her reasonable professional judgment may be deemed necessary for the care of my scout. This authorization is valid for the period of time the scout is involved in the activity described above.

Behavior

In all Troop activities, scouts are expected to exercise good judgment regarding safety and respectful behavior in keeping with the scout oath and law. Intimidation of any sort will not be tolerated. Any scout whose behavior threatens (physically or mentally) or endangers others will be subject to discipline and, if the violation is sufficiently serious, will be sent home from the activity. *If such action is warranted, you will be asked by the Scoutmaster to pick up your scout promptly regardless of the distances or times involved (for example, 3-1/2 hour drive each way to/from Goshen), and by signing this form you agree to do so and provide current contact numbers.*

We request that you talk to your scout before leaving about acceptable behavior. Similar to medical conditions, we wish to be alerted to potential discipline problems so we can take appropriate precautions. Please talk to the Scoutmaster before leaving about any concerns. If discipline problems persist, a scout may be suspended or expelled from the troop.

Prohibited from all camping activities (including Goshen) are firearms, ammunition, illegal drugs, alcoholic beverages, fireworks, long sheath knives, aerosol bug sprays, archery arrows and compound bows. For probable cause, all tents and personal effects are subject to search by troop leaders and unauthorized items will be confiscated.

Transport Authorization

Persons authorized to transport scout other than parents/guardians:

- ____ Troop leaders
____ Other scouts' parents/guardians
____ Other: _____

Persons not authorized to transport scout: _____

Parent/Guardian Signature: _____ **Date:** _____

Contact Number(s): _____

Additional Emergency Contacts:

Name: _____ Number: _____

Name: _____ Number: _____

