

**PARENT/GUARDIAN CONSENT FORM  
FOR PARTICIPATION IN A COUNCIL-OPERATED CAMP OR ACTIVITY**

I hereby give permission for full participation in a Council-operated camp or activity, subject to limitations noted

       Boser Scout Reservation/Camp Emerson             Camp Helendale/Camp Wiley  
       Day Camp             Cub Scout Archery Shoot       Other Schoepe Scout Res. Lost Valley  
From (date)   July 12   to (date)   July 18  , (year)   2009  

This authorization shall remain effective until replaced or revoked in writing

Full Name of Participant \_\_\_\_\_ Birthdate (month/date/year) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Medications/Restrictions/Special Considerations (if any): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for 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 the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for any and all claims or liability arising out of this participation.

**MEDICAL TREATMENT RELEASE**

**(Yes) (No)** In case of 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 medications for my child. Medical providers are authorized to disclose to the adult in charge 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.

**SHOOTING SPORTS RELEASE**

**(Yes) (No)** The undersigned consent that the Council may furnish firearms and/or archery equipment to the above named minor for the purpose of instruction and safe handling. Cub Scouts/Webelos Scouts are limited to the use of BB guns and/or archery equipment only, and only at camps or activities operated by the Council with qualified, trained supervision (no Cub Scout Pack may conduct shooting sports activities on its own). See policies on Shooting Sports in the Guide to Safe Scouting.

**TALENT RELEASE**

**(Yes) (No)** I hereby assign and grant to the California Inland Empire Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made by the California Inland Empire Council and I hereby release the California Inland Empire Council from any and all liability from such use and publication.

**(Yes) (No)** I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the California Inland Empire Council and I specifically waive any right to any compensation I may for any of the foregoing.

Restrictions \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION AND SIGNATURES**

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_