

EVENT NAME / LOCATION **Reed Lake**

LEAVING (D/T) **Aug 8, 2015 / 8:00 am**

RETURNING (D/T) **Aug 8, 2015 / ~ 5 / 6 pm**

PLANNED ACTIVITIES: Day hike (10 – 14 miles round trip) to Reed lake (Hatchers Pass)

Hold Harmless Agreement

I understand that participation in the activity involves 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 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 from any and all claims or liability arising out of this participation.

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 medication 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.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is a voluntary educational organization, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my son's participation during this activity or trip, I give my son

_____ permission to participate in this activity.

SIGNATURE

_____ **DATE** _____
(Parent/Grandparent/Guardian/Caregiver)

CONTACT NUMBER(S) _____