

ANNUAL TROOP 368 PERMISSION FORM 2014-2015

As the parent or legal guardian of \_\_\_\_\_ (the "Minor Child"), for each activity of BSA Troop 368 for which I register the Minor Child on the Troop 368 SOFT (Scout Organizer for Travel) site during the period from August 1, 2014 until August 30, 2015 (the "Troop Activity Year") I hereby grant the permission detailed below. I understand, acknowledge, and agree that by registering my Minor Child on SOFT I am granting, restating and reaffirming the permission below with respect to each such activity. I understand, acknowledge, and agree that this permission shall remain and continue in full force and effect during such Troop Activity Year with respect to each such activity regardless of when such activity actually occurs, unless and until I revoke such permission in writing and file such written revocation with the Scoutmaster of BSA Troop 368. Emergency contact information and special notes will be entered for each activity on the Troop 368 SOFT website.

This permission form grants the following permission for any such Troop 368 activity during the Troop Activity Year:

I understand, acknowledge, and agree that scouting activities can involve risk of injury and that adult leaders on such activity may need to administer First Aid or other response in the best interest of my Minor Child. I agree to hold such adult leaders and Troop 368 harmless and indemnify them from any claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributed to my Minor Child's participation in the activity.

I give permission to and authorize the adult leaders of Troop 368 to render First Aid to my Minor Child and take any reasonable action designed to help ensure the safety, health and welfare of my Minor Child. I also give permission and hereby authorize such adult leaders to obtain emergency medical care for my Minor Child, and I absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child/ward's health and I absolve them of liability for such action. I also agree to be responsible for any medical expenses not covered by my insurance.

I hereby assign and grant to Troop, the local council, and the Boy Scouts of America (BSA) the right and permission to use and publish photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by BSA, and I hereby release BSA from any and all liability from such use and publication. I hereby authorize reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Printed Name: \_\_\_\_\_