

**TROOP 860 - BOY SCOUTS OF AMERICA**  
**PARENTS'/GUARDIANS'WAIVER OF LIABILITY & ASSUMPTION OF RISK**  
**FOR PARTICIPATION BY A SCOUT IN SCOUT ACTIVITIES**

**SCOUT'S NAME:** \_\_\_\_\_ **YEAR:**        **01/01/20** \_\_\_\_ - **12/31/20** \_\_\_\_

IN CONSIDERATION FOR ALLOWING MY SCOUT TO PARTICIPATE IN SCOUT ACTIVITIES, I WAVE, RELEASE, HOLD HARMLESS AND INDEMNIFY THE BOY SCOUTS OF AMERICA, THE MEMBERS OF TROOP 860 COMMITTEE, THE SCOUT MASTER AND HIS ASSISTANTS FROM ANY LIABILITY IN CONNECTION WITH THIS SCOUT'S ATTENDANCE AT, AND ENGAGEMENT IN, THESE ACTIVITIES, FROM ANY CLAIM OR LEGAL ACTION ARISING OUT OF INJURY OR PROPERTY LOSS SUSTAINED, WHETHER NEGLIGENTLY CAUSED OR OTHERWISE, IN CONNECTION WITH MY SCOUT'S PARTICIPATION IN THESE ACTIVITIES. THIS RELEASE AND WAIVER INCLUDES INJURIES WHICH MAY BE INCURRED DURING TRANSPORTATION TO AND FROM SCOUT ACTIVITIES. I UNDERSTAND THAT RISK OF INJURY IS INHERENT IN SCOUT ACTIVITIES, AND I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO MY SCOUT'S PARTICIPATION. I HEREBY CONSENT TO AND ALLOW THE ABOVE NAMED SCOUT'S PARTICIPATION IN ANY AND ALL TROOP 860 APPROVED ACTIVITIES FOR THE ABOVE INDICATED PERIOD.

**PARENTS'/GUARDIANS' CONSENT FOR EMERGENCY MEDICAL TREATMENT**

THE UNDERSIGNED HEREBY GIVES PERMISSION TO THE OFFICERS, LEADERS, EMPLOYEES OR AGENTS OF THE BOY SCOUTS OF AMERICA, THE LOS ANGELES AREA COUNCIL AND ADULT LEADERS OF TROOP 860, TO OBTAIN AND ADMINISTER SUCH MEDICAL OR DENTAL AID OR ASSISTANCE AS MAY BE REQUIRED FOR THE IMMEDIATE CARE OF THE ABOVE NAMED MINOR IN THE EVENT THAT SUCH HELP BECOMES NECESSARY. IT IS FURTHER UNDERSTOOD THAT SUCH PERMISSION INCLUDES, WITHOUT LIMITATION, THE AUTHORIZATION OF THE UNDERSIGNED TO EACH OF THE OFFICERS, LEADERS, EMPLOYEES OR AGENTS OF THE BOY SCOUTS OF AMERICA, THE LOS ANGELES AREA COUNCIL AND THE ADULT LEADERS OF TROOP 860, TO CONSENT TO THE ADMINISTRATION OF SUCH MEDICAL OR DENTAL CARE TO THE ABOVE NAMED MINOR PURSUANT TO CALIFORNIA FAMILY CODE SECTION 6910. IN NO EVENT SHALL THE BOY SCOUTS OF AMERICA, THE LOS ANGELES AREA COUNCIL, ITS OFFICERS, LEADERS OR AGENTS, BE HELD LIABLE FOR ANY FIRST AID OR MEDICAL OR DENTAL TREATMENT RENDERED OR CONSENTED TO, DRUGS AND MEDICINE GIVEN OR CONSENTED TO BE GIVEN, OR SURGICAL PROCEDURES PERFORMED OR CONSENTED TO BE PERFORMED, PURSUANT TO THIS CONSENT.

**A COPY OF THIS FORM MAY BE USED AS AN ORIGINAL**

**DATE:** \_\_\_\_\_ **PARENT/ GUARDIAN (signature):** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL/WORK PHONE:** \_\_\_\_\_

**LIST SPECIAL INSTRUCTIONS, E.G., ALLERGIES, MEDICINES TO BE TAKEN:** \_\_\_\_\_

**MOST RECENT TETANUS SHOT:** \_\_\_\_\_  
**HEALTH PLAN NO:** \_\_\_\_\_ **HEALTH PLAN:** \_\_\_\_\_

**(PLEASE ATTACH A COPY OF HEALTH PLAN CARD)**

**SCOUT'S PHYSICIAN:** \_\_\_\_\_

**PHYSICIAN'S PHONE:** \_\_\_\_\_