BSA Troop 114 Permission and Liability Release Form

Activity: H. Row Bartle Summer Camp

Medications to be taken on trip:

(All medications should be given in their original containers to the trip leader prior to departure)

Where: Bartle Scout Reservation, Missouri	
Participant's Name:	
Summer camp will be at H. Roe Bartle Scout Reservation near Osceola, Missouri. We will be driving to the camp on Sunda 23 nd and Monday, June 24 rd , staying the night of the 23 rd at Camp Bromelsick near Lawrence, Kansas, and drive/hike the reway to camp the morning of June 24 th . The scouts will be attending camp and participating in its normal program activities June 24 th through breakfast on July 3 rd . We will return to the Littleton area on July 3 rd . Travel will be by personal vehicles may involve strenuous activity, depending on the specific programs each Scout elects to participate in. All camp program including aquatics, rope climbing, and shooting sports, will be under the supervision of trained camp staff. The troop will provide other program activities which may include hiking, aquatics, and/or physical labor on conservation and other serve projects. Summer camping conditions, including high temperatures, strong ultraviolet rays, biting insects or animals, thus and high humidity will be likely so make sure that you have appropriate protective clothes, hiking shoes and equipment a appropriate sleeping gear. Be prepared!	est of the es from b. This trip activities, also vice nderstorms,
Due to the uncertainty of the weather, it is not possible to predict what the conditions will be. Precautions to provide a senjoyable experience will be taken, but there can be no guarantee of absolute safety against injury or accident. In recogninherent risks of attending the Bartle Camp Trip I (and for or on behalf of my child participant) assume full responsibility finjury, accidents and illness, including death, that may occur from my child's (or my) participation. Each participant is requiprepared to provide and wear their own face covering as well as bringing hand sanitizer. Please remember that any active of a participant's household increases potential exposure to COVID-19 and other pathogens. Precautions to provide a safenjoyable experience will be taken, but there can be no guarantee of absolute safety against injury, accident, or exposure	nition of the or personal uired to be ity outside e and
I acknowledge that I understand the risks associated with participating in the Bartle Camp Trip (whether outlined herein of do hereby release, forever discharge and agree to hold harmless the Boy Scouts of America, Troop 114, and any of its adulation from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expensional nature whatsoever which may be incurred by me or my child while participating in the Bartle Camp Trip.	ılt leaders
Bartle Summer Camp Participant I have read the above and understand the risks associated with this campout and agree to come fully prepared for spring camping conditions.	/summer
Participant's Signature: Date:	
Parent / Guardian permission & acknowledgement We are the parents or legal guardian(s) of this participant, and hereby grant our permission for him to participate fully in Bartle Summer Camp and hereby give our permission to take him to a doctor or hospital and hereby authorize medical trincluding but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if Further, should it become necessary for our son to return home due to medical reasons, disciplinary action or otherwise, assume all transportation costs.	eatment, any.
Parent / Guardian: Date:	
Emergency Contact #1 (Name, Phone)	
Emergency Contact #2 (Name, Phone)	