

BSA Troop 114
Permission and Liability Release Form

(Turn in no later than January 7, 2016)

Activity: Troop Lock-in Campout
When: January 15-16, 2016
Where: LUMC Scout Hut, Littleton, CO

Participant's Name: _____

Campout Fee:

- Scouts – \$5
- Adults – \$5

Payment Method:

- Scout Account
- Cash
- Check # _____

Payment due by January 7, 2016

The Troop Lock-in Campout will be held at the LUMC Scout Hut in Littleton, CO. We will be “camping” in the Scout Hut on Friday night, August 14, 2015 where they will be playing games and participating in various scouting activities. We expect to wrap up the campout early Saturday morning, August 15, 2015. Scouts will need to outfit themselves with the appropriate equipment and clothing for indoor camping. **Be prepared!**

Precautions to provide a safe and enjoyable experience will be taken, but there can be no guarantee of absolute safety against injury or accident. In recognition of the inherent risks of attending the Troop Lock-in Campout, I (and for or on behalf of my child participant) assume full responsibility for personal injury, accidents and illness, including death, that may occur from my child’s (or my) participation.

I acknowledge that I understand the risks associated with participating in the Troop Lock-in Campout (whether outlined herein or not) and do hereby release, forever discharge and agree to hold harmless the Boy Scouts of America, Troop 114 and any of its adult leaders from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me or my child while participating in the Troop Lock-in Campout.

Troop Lock-in Campout Participant

I have read the above and understand the risks associated with this campout and agree to come fully prepared.

Participant's Signature: _____

(Parent’s permission & acknowledgement)

We are the parents or legal guardian(s) of this participant, and hereby grant our permission for him to participate fully in the Troop Lock-in Campout and hereby give our permission to take him to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it become necessary for our son to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Parent / Guardian: _____ Date: _____

Medications to be taken on trip: _____
(All medications should be given to the trip leader prior to departure)