

BSA Troop 114
Permission and Liability Release Form

(Turn in no later than May 7)

Activity: Ghost Towns Campout
When: May 15-17, 2015
Where: Winfield, CO

Participant's Name: _____

Campout Fee:

- Scouts – \$35
- Adults (not driving) - \$35
- Adults (driving) – \$15

Payment Method:

- Scout Account
- Cash
- Check # _____

Payment due by May 7, 2015

This will be the first campout for our new scouts. We will be driving to Winfield, CO on Friday night and camping in tents. It is a longer drive than normal so we will be making a rest stop along the way. Bring a sack dinner for Friday night. The scouts will be participating in various activities on Saturday. These may involve hiking at higher altitudes and working with knives, axes, etc. in obtaining their "Totin Chip". Each of these activities has their own risks and all scouts should be aware of them. Winter camping conditions will be likely so make sure that you have appropriate clothes and sleeping gear. **Be prepared!**

Due to the uncertainty of the weather, we cannot predict what the conditions will be. It could very well be low temperatures, windy, rainy or even snowy conditions. 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 Ghost Towns 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 Ghost Towns 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 Ghost Towns Campout.

Ghost Towns Campout Participant

I have read the above and understand the risks associated with this campout and agree to come fully prepared for spring/winter camping conditions.

Participant's Signature: _____

(Parent / Guardian permission & acknowledgement)

I am the parent or legal guardian of this participant, and hereby grant our permission for him to participate fully in the Ghost Towns 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: _____

Prescription medications to be taken on trip: _____
(All medications should be given in their original containers to the trip leader prior to departure)

OVER – THE – COUNTER (OTC) MEDICATION DISPENSATION PERMISSION FORM

BOY SCOUT TROOP 114, DENVER AREA COUNCIL

Scout Name: _____ D.O.B. : _____

My Scout is **Allergic** To : (please include OTC meds, prescription meds, foods, insects, animals, etc.) AND state what the specific **Reaction** is :

The following medications may be given if necessary (please initial each space for medication that may be given) :

Acetaminophen (Tylenol) _____

Ibuprofen (Advil / Motrin) or Naproxen (Naprosyn/Alleve) _____

Diphenhydramine (Benadryl) _____

Loratadine (Claritin) or Cetirizine (Zyrtec) _____

Loperamide (Imodium) _____

Cough drops or throat lozenges _____

Steroid cream / ointment _____

Antibiotic ointment (such as Neosporin or Silvadene) _____

Sunblock _____

TUMs / Antacid _____

Chapstick / Lip balm _____

Parent's Signature: _____ Date: _____

Parent's Name (print): _____