

BSA Troop 114
Permission and Liability Release Form

(Turn in no later than November 6, 2014)

Activity: Science Campout
When: November 14-16, 2014
Where: Camp Dobbins, Elbert, CO

Participant's Name: _____

Campout Fee

- Scouts – \$20
- Adults who not drive – \$20
- Adults who drive – \$15

Payment Method:

- Scout Account
 Cash
 Check # _____

Payment due by November 6, 2014

The Science Campout will be held at Camp Dobbins in Elbert, CO. We will depart on Friday evening (November 14) and camp in tents. The scouts will be participating in various physical activities and patrol competitions on Saturday that may involve strenuous activity. Fall/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. 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 Science 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 Science 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 Science Campout.

Science Campout Participant

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

Participant's Signature: _____

(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 the Science 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 in their original containers to the trip leader prior to departure)