

**BSA Troop 114**  
**Permission and Liability Release Form**

(Turn in no later than April 7)

Activity: Sand Dunes Campout  
When: April 15-17, 2016  
Where: Great Sand Dunes National Park near Alamosa, CO

Participant's Name: \_\_\_\_\_

Campout Fee:

- Scouts – \$40
- Adults (not driving) - \$40
- Adults (driving) – \$15

Payment Method:

- Scout Account
- Cash
- Check # \_\_\_\_\_

Payment due by April 7, 2016

This will be the first campout for our new scouts. We will be driving down to the Great Sand Dunes National Park north of Alamosa, Colorado on Friday night and camping in tents. It is a longer drive than normal and therefore a stop is scheduled at the rest area along I-25 just north of Pueblo, Colorado. Bring a sack dinner for Friday night. Everyone should make sure they have money to buy a lunch on the way home on Sunday. The scouts will be participating in various activities on Saturday. These may involve some type of service project, working with knives, axes, etc. in obtaining their "Totin Chip" and hiking on the sand dunes. Each of these activities has their own risks and all scouts should be aware of them. If the wind is blowing (which it always does), some type of eye protection should be worn while on the dunes. A bandanna to cover your mouth and nose is also recommended. We will be doing a service project on Saturday which requires you to have gloves, a long sleeved shirt, and long pants.

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 Sand Dunes 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 Sand Dunes 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 Sand Dunes Campout.

Sand Dunes 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 Sand Dunes 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): \_\_\_\_\_