

BSA Troop 114
Permission and Liability Release Form

(Turn in no later than February 9, 2017)

Activity: Spelunking Campout
When: February 17-18, 2017
Where: Manitou Springs, CO

Participant's Name: _____

Emergency Contact

Number(s) while on Campout: _____

Campout Fee:

- Scouts – \$43
- Adults (driving) – \$38
- Adults (not driving) - \$43

Payment Method:

- Scout Account
- Cash
- Check # _____

Payment due by February 9, 2017

The Spelunking Campout will be held in Littleton and Manitou Springs on February 17-18, 2017. We will be “camping” in the Scout Hut on Friday night, 2/16. Saturday morning, 2/17, we will travel by car to Cave of the Winds in Manitou Springs where we will be taking a tour of the cave. Scouts will need to outfit themselves with the appropriate clothing for a hike through a cool, damp and muddy cave. **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 Spelunking 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 Spelunking 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 Spelunking Campout.

Spelunking Campout Participant

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

Participant's Signature: _____ Date: _____

(Parent’s permission & acknowledgement)

We are the parent(s) or legal guardian(s) of this participant, and hereby grant our permission for him to participate fully in the Spelunking 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)