CONSENT / WAIVER / RELEASE FORM FOR 2020

This CONSENT / WAIVER / RELEASE FORM FOR **2020** is executed this \_\_\_ day of \_\_\_\_\_\_\_\_, 2020 by the undersigned parent(s)/legal guardian(s) (hereafter referred to by the pronouns “I”, “my,” “we,” “our” or “us,” whether one or more sign below) **of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **a minor**, (hereafter referred to as “Scout”) in order for him to participate in various events and activities sponsored or approved by Boy Scout Troop 86 of the Greater Alabama Council (hereafter referred to as “Troop 86”) including, but not limited to, overnight campouts, day trips, service projects, recreational activities and other events which take place over the course of this period.

In consideration of the opportunity to participate in the above events and activities, I/we do hereby agree as follows:

1. My/Our Scout, has permission to attend and participate in any event or activity officially sponsored or approved by Troop 86 during the period extending from **January 1, 2020 through December 31, 2020**. Such permission extends to each and every event or activity sponsored or approved by Troop 86.
2. I/We acknowledge that Troop 86 through its volunteers and scout leaders, provides and/or arranges transportation for the scouts in order for them to participate in these events and activities. I/We do also hereby give permission for my/our Scout to ride in any vehicle designated by the scout leaders or participating adult volunteers who are attending and participating in the scouting events or activities with my/our Scout, including, to the extent applicable, a bus or other vehicle owned by St. Luke's Episcopal Church.
3. I/We understand the risks associated with participation in scouting events and activities and acknowledge that my/our Scout’s participation in any event or activity with Troop 86 is strictly voluntary.
4. I/We acknowledge that the need for medical care for a scout may arise during the course of his participation in scout activities. I/We do hereby authorize Troop 86 and any scout leader or participating adult volunteer in whose care my/our Scout has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my/our Scout under the general or special supervision and on the advice of any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at a hospital. I/We understand that attempts will be made, whenever possible and practicable, to reach me/us at the numbers listed below before such treatment is given.
5. I/We shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my/our Scout pursuant to this authorization.
6. If my/our Scout should suffer any injury or illness as a result of or arising out of any event or activity sponsored or approved by Troop 86 including, but not limited to, injuries occurring as a result of transportation to or from these events or activities, I/we, for myself/ourselves and for our Scout, do hereby release, absolve and discharge Troop 86, its scout leaders and participating adult volunteers, and St. Luke's Episcopal Church of and from all liability, claims, demands, causes of action and possible causes of action whatsoever, arising out of or related to any loss, damage or injury (including death) that may be sustained by my/our Scout while engaged in or en route to or from any of said events or activities from any cause, including the negligence of any of the parties released herein with the sole exception that this waiver and release does not apply to intentional or wanton misconduct causing injury (or death).
7. I/We hereby warrant that the following information is accurate:

**Medical Insurance Yes \_\_\_ No \_\_\_ Policy Number**

**Insurance Company**

Emergency Phone Numbers **Home:**

 **Work:**

 **Cell:**

1. I/We further warrant that my/our Scout has no allergies or special medical problem(s) except as noted below:

**Allergies:**

**Medical Problems:**

By my/our signature(s) below, I/we warrant that I/we have read and understand the above agreement and that I/we sign it voluntarily to allow my/our Scout to participate in scout events and activities with Troop 86.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_