

**BOY SCOUT TROOP 285**  
**PERMISSION AND RELEASE OF LIABILITY FORM**  
**SCOUT**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son, I hereby give my approval for \_\_\_\_\_ to participate in all activities including out of town trips sponsored by Boy Scout Troop 285 and the Alamo Area Council of Boy Scouts of America. I authorize any adult leader involved in a scouting activity to review all information provided Troop 285, including medical information on my son, to prepare for a trip or activity and to safeguard the health and safety of my son.

I voluntarily waive any causes of action or claims against the officers, agents, leaders, and representatives of the Alamo Area Council of Boy Scouts of America, Boy Scout Troop 285, Coker United Methodist Church, and all leaders of the trip resulting from any and all causes, including gross negligence, which may arise in connection with any Boy Scouting activities or trip(s).

\_\_\_\_\_ is in good physical condition, but should any accident or illness occur during any activity or trip, I authorize any adult leader to obtain any medical history and information as may be necessary to administer any emergency x-ray, medical, surgical or dental treatment or diagnosis that my son \_\_\_\_\_ may need. Such emergency treatment may be administered by a qualified technician, assistant, nurse, medical doctor or dentist. I understand that notification of any illness or accident will be made as soon as possible and the foregoing permission covers an emergency situation only where immediate treatment is necessary. My son presently has medical insurance with:

\_\_\_\_\_  
Medical Insurance Company Policy # \_\_\_\_\_

\_\_\_\_\_  
Name of Primary Policy Holder or Subscriber

This coverage includes my son \_\_\_\_\_.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Custodial Parent or Guardian

\_\_\_\_\_  
Printed Name of Custodial Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Work and Cell Phone

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me that \_\_\_\_\_ executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas