

Boy Scout Troop 333

ALL-EVENT Permission Slip

DATE:

COST:

LOCATION:

Liability Release

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son during this activity or trip, I hereby agree to his participation and waive all claims against all leaders of this activity or trip, Troop 333, and the officers, representatives and agents of the Boy Scouts of America.

Emergency Medical Service Permission

In the event of illness or injury, I request that measures be instituted without delay as the judgment or medical personnel dictates including hospitalization, anesthesia, surgery, or injections of medication for my son.

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PARENT PERMISSION AND ACCEPTANCE OF CONDITIONS

Scout(s) attending: _____

Scout(s) attending: _____

Adult(s) attending: _____

Parent signature: _____ Date _____

Fee Enclosed: _____

Deduct Fee from scout account: _____