

**WAIVER OF RESPONSIBILITY
BSA TROOP 144**

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 confidence that every precaution will be taken to ensure the safety and well being of my scout son(s)/ward(s), namely: _____

on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the troop, unit leader of the activity named below has my permission to obtain medical treatment for my scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file.

Signature of-parent/guardian _____

Activity: _____

Emergency information in addition to, or superceding the Class 1 Medical form currently on file:

During the activity listed above I can be contacted at the following phones and will accept long distance calls () _____ () _____

I agree to act in accordance with the Scout Oath and Scout Law while participating in the above activity. In addition I recognize that the following items are prohibited on Scouting activities, unless the Scoutmaster makes specific exceptions:

- | | |
|-------------------------|---------------------|
| > Fireworks of any type | > Boomboxes |
| > Paintball guns | > Sling shots |
| > Sheath knives | > BB or pellet guns |

I understand that if any of the above items are found in my possession they will be immediately confiscated and returned to my parents. I further understand that I am expected to depart and return in my Class A uniform, and actively participate in the program that has been planned for this activity.

Scout: _____

Date: _____