

PERMISSION TO ATTEND A BSA 365 EVENT

Event (fill in): _____

Each person attending must have a permission slip.

Each person attending should have a troop medical record on file.

Please check the announcement about when permission slips are due, or call the event leader.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America, Inc. is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son or myself during this activity or trip, *I hereby agree* to participation and waive all claims against the leaders of this activity, the officers, agents and representatives of the Boy Scouts of America, Inc., as well as officers and trustees of BSA Troop 365, Inc., except as such claims are covered by liability or other insurance, or other third party benefits. I have provided to Troop 365 a signed emergency medical authorization on file with the Troop. I agree to follow the Troop 365 Committee policy that no smoking is permitted at Troop activities and outings.

NAME of participant or accompanying adult:

Any restrictions in your activity we should know?

Taking any medicine we should know?

Any allergies about which we should know?

NAME of an emergency contact:

Telephone:

PARENT SIGNATURE (or participant if 18 or over):