## Pack 614 Indian Hills Fall Campout Permission Slip

| What:  | Pack 614 Indian Hills Fal   | l Campout   |
|--|---|---|
| Where:   | 15763 Lyons Valley Rd.,   | Jamul, CA 91935   |
| When:  | October 1st - 3rd, 2021   |   |
| What to Wear:  | Pack T-Shirt  |   |
| Bring appropriate of gear list.  | amping gear for day or overniç  | ght stay. See Indian Hills Camp Packet for a camping  |
| Medications/Medic  | al History:   |   |
|  |   |   |
| Allergies:   |   |   |
|  |   |   |
|  |   |   |
| Hold Harmless A  | Agreement from the Boy S  | couts America:  |
| considered the risk<br>I understand that p<br>applicable rules an<br>activity coordinator<br>with the activity fro<br>involving my child,<br>reached, I hereby of<br>secure proper treamy child. Medical presults, and treatmy<br>communication with | a involved and have given constanticipation in the activity is entered standards of conduct. I releases, and all employees, voluntees many and all claims or liability. I understand every effort will be give my permission to the meditment, including hospitalization providers are authorized to discent provided for purposes of meant included | ves a certain degree of risk. I have carefully sent for myself, or my child to participate in the activity. Tirely voluntary and requires participants to abide by use the Boy Scouts of America, the local council, the ers, related parties, or other organizations associated arising out of this participation. In case of emergency the made to contact me. In the event I cannot be ical provider selected by the adult leader in charge to an anesthesia, surgery, or injections of medication for close to the adult in charge examination findings, test nedical evaluation of the participant, follow-up and uardian, and/or determination of the participant's |
| Participant's Printe   | d Name  |   |
| Parent/guardian Si   | gnature   | Date  |
| Parent/guardian Pr   | inted Name  |   |
| Emorgonou Conto  | at & Dhana #:   |   |