

Activity Permission Form

Participant Name: _____ Troop #: _____ Date: _____

Emergency Contact Name: _____

Relationship to Participant: _____ Phone #: _____



Each participant is also required to have on file a medical form. If the activity or event is likely to exceed 72 hours, or the Trail Life activities or events include high altitude or high-exertion activities, then the TLUSA High Adventure Medical (which requires the examination by and the signature of a doctor or health care professional) form is required for each participant.

Participant's Date of Birth: _____
(MM/DD/YYYY)

Age: _____

Address: _____

Phone # : _____

City: _____

State: _____

Zip: _____

Troop Leader Name: _____

Phone # : _____

I understand that my child's participation in Trail Life activities involves the risk of potential personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I have had the opportunity to obtain such information about those activities from the Troop leadership, venue activity coordinators, or other sources. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct, and have explained that to my child.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHICHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164,501, etc. seq., as amended from time to time, includes examination findings, test results, treatment provided for purposes of medical evaluation of my child, follow-up and communication with me, and/or determination of my child's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims against Trail Life USA, the Charter Organization, the Troop leadership, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with Trail Life USA and/or any program or activity for personal injury, death, or loss that may arise.

I have listed below any restrictions imposed on my child's participation in connection with programs or activities and have advised my child to comply with those restrictions.

Restrictions (if none, indicate "none"):

None

Signature

Alternative emergency contact info:

Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____