

Informed Consent and Hold Harmless/Release Agreement

Release of Liability

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself, my children, family, and guests to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Permission to Obtain & Use Medical Information and Provide Medical Treatment

I approve the sharing of medical information with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact a related responsible adult. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/ Confidential Health Information (PHI/CHI) 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, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities without restrictions or with special considerations or restrictions listed here:

Video and Photography Release

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent or Guardian's signature:

Date:

(must be 18 or over)

**YOUTH
MEMBERSHIP**

This form is read by machine. Please print the numbers and letters as shown on the sample application.

Unit type:
 (Fill in the circle.) Cub Scout Pack Boy Scout Troop Varsity Scout Team Venturing Crew Sea Scout Ship Lone Cub Scout Lone Boy Scout

For pack registration select one: Tiger Cub Cub Scout Webelos Scout Arrow of Light earned

Mark here if new to Scouting. Former Scout Former Venturer Former Sea Scout

Unit number:

If applicant has an unexpired membership certificate, registration may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council number: Unit type: Pack Troop Team Crew Ship Unit number:

Enter membership number from unexpired certificate:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone - - Date of birth (mm/dd/yyyy) / /

Grade Ethnic background: African American American Indian Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

School

Gender: Male Female **Boys' Life subscription**

Parent/guardian or Tiger Cub adult partner information Mark here if address is same as above. Mark here if you are the Tiger Cub adult partner
 Mark here if the adult partner is not living at the same address; complete and attach an adult application.

Select relationship: Parent Guardian Grandparent Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone - - Date of birth (mm/dd/yyyy) / /

Occupation

Employer

Gender: M F

Business phone - - X

Ext. Previous Scouting experience

Cell phone - -

Parent/guardian e-mail address

Signature of unit leader (or designee)

Date / /

2000 Registration fee \$. Boys' Life fee \$.

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Venturer

LOCAL COUNCIL COPY

Retain on file for three years. 28-406B