

OLDER SCOUT ADVENTURES PARENTAL CONSENT

Name of Scout: _____ Unit: _____ Week/Camp Dates: _____

Campsite: _____ Date of Birth: _____ Age: _____

Parents, please read and sign the portion below.

I understand that participation in the Older Scout Adventures program includes climbing/rappelling, ziplining, bike touring, tubing on the Farmington River (Wednesday or rain date, Thursday), etc. and that these activities involve a certain degree of risk that could result in injury or death. I understand these risks and also understand that precautions will be taken to ensure the safety and well-being of my son/daughter and I have given permission for my child to participate in these Older Scout Adventures activities during his/her stay at Camp Sequassen.

I understand some of these activities are done off the camp property. Therefore, I authorize the camp leadership to transport my son/daughter off camp to these event sites so long as BSA rules are followed.

In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. I further agree to the release of medical information pertaining to treatment/condition/prognosis/etc. of my son/daughter to the adult leader in charge.

Signature of Scout/Venturer

Date

If under 18, you must have the bottom section signed by your parent(s)/guardian(s).

Signature of Parent/Guardian

Date

Printed Name

Signature of Parent/Guardian

Date

Printed Name