## Parental Informed Consent and Hold-Harmless/Release Agreement

I understand that participation in the		(activity) offered
through Troop 205 of the Southwest Mic	higan Council, BSA, on	(dates),
involves a certain degree of risk that cou	ld result in injury or death.	In consideration of the
benefits to be derived and after carefully	considering the risk involved	, and in view of the fact
that the Boy Scouts of America is an organ	nization in which membership	is voluntary, and having
full confidence that precautions will be ta	ken to ensure the safety and	well-being of my son, I
have given	(son's name) my conser	nt to participate in this
activity and waive all claims I may have	against Boy Scouts of Ameri	ca, Southwest Michigan
Council, Troop 205, activity coordinators,	all employees, volunteers, or	sponsors associated with
this activity.		
In case of emergency, I understand every e	ffort will be made to contact r	me. In the event I cannot
be reached, I hereby give my permission to	the physician selected by the	adult leader in charge to
secure proper treatment, including hos	spitalization, anesthesia, sur	gery, or injections of
medication for my child.		
I understand that the cost of this outing wi	ll be \$, which is	to be paid in full no later
than (date). I also unders	tand that my son will leave	from
(place) at (time), on	(date) and may be pick	ted up after returning at
(place) at (time	e), on (date)	. I understand that I am
responsible to pay this entire fee, unless I	cancel before	(date). In the case of a
last-minute emergency cancellation, the T	roop Committee Chairman w	ill determine the amount
of this fee to be refunded, if any.		
This form must have a parent/guardian sign	nature.	
Signature	Date	