

Merit Badge Day Permission Slip



Crew 9999

February 8, 2020

PLEASE PRINT THIS PERMISSION SLIP AND KEEP FOR YOUR RECORDS. YOUR PERMISSION IS GIVEN ONLINE DURING REGISTRATION.

Scout's Last Name:	First Name:	Birth Date:	
Address:	City:	State:	Zip:
Phone #:	Council:		
Email:	Troop:		
Any special health concern (e.g., medications, allergies, diet):			

Emergency Contact (print name):	Phone:
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I hereby certify that I am the parent or legal guardian of the Scout identified above ("Participant"). Should any injury or medical emergency involving the Participant arise during his participation in the Venture Crew 9999 Merit Badge Day, I hereby authorize Venture Crew 9999 and its leaders to procure, and I hereby consent to the provision of, the services of physicians, nurses, emergency medical technicians, or associated personnel to provide the Participant with medical assistance and/or treatment, and I agree to be financially responsible for the cost of such assistance and/or treatment. I understand such treatment will be based on information provided herein. I hereby authorize emergency transportation of the Participant to a medical treatment facility should an individual listed above consider it to be warranted. I hereby release, discharge, and otherwise indemnify Venture Crew 9999, its members and leaders, CPMA Middle School, its leaders and members, and the employees and associated personnel of these organizations, against any claim by or on behalf of the Participant named above as a result of his participation in the Troop 260/Venture Crew 9999 Merit Badge Day on Saturday, February 8, 2020. Yes No

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. Yes No

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. Yes No

Parent / Guardian (print name):	Phone:
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Signature:	Date:
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