BOY SCOUT TROOP 414

ECONOMY BORO
2800 CONWAY WALLROSE ROAD
BADEN, PA 15005

NAME OF PROGRAM _____ DATE OF PROGRAM _____ TIME OF PROGRAM _____

NAME _____ AGE _____ PATROL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

*******YOU MUST RETURN THIS SLIP **COMPLTETLY FILLED OUT** TO PARTICIPATE**********

PERMISSION

I/we, the parent or guardians of the above-mentioned child, for myself/ourselves and for my/our own child, give permission for my/our child to participate in the above mentioned event to be held on the above mentioned date through Troop 414.

INDEMNIFICATION

In consideration of Troop 414's agreement to allow my/our child to participate in the troop sponsored event, and intending to be legally bound, herby, I/we agree to indemnify and hold harmless, Troop 414, Greater Pittsburgh Council, Boy Scouts of America, their agents, successors and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, by my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury or property damages sustained by my/our child as a result of, or in any way related to his/her participation in the above mentioned event.

MEDICAL AUTHORIZATION

In the event of an injury or illness to my/our child during his/her participation in this event, I/we give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our legal representatives, do hereby indemnify and hold harmless any representative of Troop 414, from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/our accident insurance toward payment of the expenses incurred and will not look to Troop 414, the Greater Pittsburgh Council or the Boy Scouts of America for payment of any medical costs or injury related costs.

PARENT / GUARDIAN SIGNATURE _____ PHONE NUMBER _____

INSURANCE COMPANY _____ POLICY NUMBER _____ GROUP NUMBER _____

NAME AND PHONE NUMBER OF PERSON IF PARENT/GUARDIAN CANNOT BE REACHED _____