



LAKOTA LODGE #175

ORDER OF THE ARROW

Event Permission & Release Form

I hereby authorize my son, _____, to travel to and from and to participate in an activity with Lakota Lodge #175 for (insert event name) _____ located at or near (insert city/state) _____ for dates from _____ to _____.

In the case of an accident or emergency, I authorize the adult leaders accompanying the Lodge and Boy Scouts on this activity to do what they deem necessary to properly care for my son, including seeking emergency medical treatment for him.

I agree and acknowledge that I shall be financially responsible for all costs arising from any medical treatment received by my son on this activity. I authorize the release and the use of the below listed Medical Insurance Information. I hereby indemnify and hold harmless and release from liability from any and all claims or actions arising out of this activity, the adult leaders accompanying the Boy Scouts on this activity, the Boy Scouts of America, the Pathway To Adventure Council, Order of the Arrow, Lakota Lodge #175, and all membership/leadership/volunteers of the preceding groups, and waive all rights to damages in any form that may occur in connection with this activity.

Medical Insurance Information:

Medical Insurance Carrier _____ Policy Number _____

List medications needed for this activity: _____

PLEASE INCLUDE A COPY OF THE CURRENT BSA MEDICAL FORM IF THERE ARE OTHER MEDICAL CONSIDERATIONS, SUCH AS ALLERGIES, WE SHOULD KNOW ABOUT.

In case of emergency, I can be contacted at the following numbers during this activity:

Parent's Name: _____

Home Phone: _____

Additional number(s): _____

Talent Release Form

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, 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 further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes

No

Parent Signature: _____ Date: _____