

LAWHORN SCOUT BASE

Talent Release and Agreement to Participate

First Name _____ M. I. _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Telephone: () _____ - _____ () _____ - _____
Home Work

In case of emergency please contact: _____ Phone () _____ - _____

List of known allergies: _____

List required medications: _____

If you are allergic to bee stings, do you have a bee sting kit? Circle Yes No

Do you wear contact lenses? Circle Yes No

Have you had or do you now have (circle if yes): Diabetes, Asthma, Angina, Epilepsy, Chest Pains, Drug Allergic Reactions, High Blood Pressure, Heart Murmur, Heart attack if yes, date _____

Do you have any medical conditions that we should be aware of? If Yes List! _____

I hereby assign and grant the Flint River Council Boy Scouts of America, the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my visit to Thunder Scout Reservation, and I hereby release the Flint River Council Boy Scouts of America from any and all liability from such publication and waive any right to any compensation I may have for any of the foregoing.

I am not under the influence of any chemical substance including alcohol. I understand that my participation in the Flint River Council BSA programs is entirely voluntary. I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of Flint River Council's equipment and my participation in outdoor adventure activities; (b) my participation in such activities and use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by negligence of participants, the negligence of others, accidents, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes, including, but not limited to, weather, trail, or river conditions, water level, risk of falling out of or drowning while in a canoe, kayak, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environments; and (d) by my participation in these activities and /or use of equipment, I hereby assume all risks and danger and all responsibility for any losses and /or damages, whether caused in whole or in part by the negligence or other conduct of the agents, officers, or employees of the Flint River Council, BSA, or by any other person.

I voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Flint River Council, BSA its officers, employees, from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of use of Flint River Council – BSA equipment, or my participation in outdoor activities.

I have read the above and by signing it agree. It is my intention to exempt and relieve Flint River Council – BSA from liability for personal injury, property damage, or wrongful death caused by negligence or any other cause.

Signature _____ Date _____

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

Signature _____ Date _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give 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.

Signature _____ Date _____