

**BOY SCOUT TROOP 158**  
**2015**  
**ANNUAL PERMISSION SLIP**  
**& LIABILITY RELEASE**

1. Scout \_\_\_\_\_, has my permission to attend any and all Scouting activities conducted by Boy Scout Troop 158 for the above calendar year. Routine Scout activities include, but are not limited to: hiking, bicycling, climbing, camping, cooking, skiing, skating, running, caving, shooting, building and use of fires, being a passenger in a commercial or non-commercial vehicle, operation of and riding in water craft (including kayaks, canoes and boats), and exposure to the elements.

2. By signing this form I acknowledge that the normal and usual activities involved in Scouting can include the risk of serious illness, injury, and death. By signing this form I am releasing Boy Scout Troop 158, the Capitol Area Council, the Boy Scouts of America, and any employee, volunteer, or agent of same, from any liability, whether known or unknown, even though such liability may arise out of the negligence or carelessness on the part of persons or organizations mentioned above.

3. By signing this release the undersigned Scout and parent or guardian HEREBY AGREES TO WAIVE, RELEASE, DISCHARGE INDEMNIFY AND HOLD HARMLES Boy Scout Troop 158, the Capitol Area Council, the Boy Scouts of America, and any employee, volunteer, or agent of same, FROM ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH MAY HEREAFTER ACCRUE AS A RESULT OF ANY PARTICIPATION IN ANY Boy Scout Troop 158, Capitol Area Council, and/or Boy Scouts of America program, related activity or event.

4. I also understand that I may exempt my Scout from this general release only by non-participation in a particular activity or event.

5. In executing this Annual Permission Slip and Liability Release I hereby waive all claims against Boy Scout Troop 158, the Capitol Area Council, the Boy Scouts of America, and any employee, volunteer, or agent of same for any illness or injury my son may sustain during activities, outings or events. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or hospital selected by the adult leader in charge to hospitalize, to secure anesthesia, or to order appropriate testing, injection, or surgery for my son.

6. I give permission for the leaders of Troop 158 to administer, in accordance with prescribed manufacturer dosages::

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Naproxen Sodium (Aleve)
- Diphenhydramine (Benedryl)
- Loperamide (Imodium A-D)
- Calcium Carbonate (Maalox)
- Psuedoephedrine (Sudafed)

Allergies: \_\_\_\_\_

7. If I am involved in transporting Scouts on any activity, outing, or event, I agree to ensure that seatbelts and any required child seating are provided for each passenger. I further represent that I am over age 18 and that my vehicle is covered by a Texas policy of automobile insurance, which carries the coverage shown below, and I understand that I am obligated to continue to carry and maintain such coverage during the time covered by this

release. I understand that nothing in this permission slip and liability release is intended to act as a release for any insurance company which is contractually obligated to provide automobile insurance coverage for me in the event be used to transport the Scouts and the applicable insurance information are certified to be as follows:

| Kind, Year and Make of Vehicle | Number of Passengers | Owner's Name | Driver's License Number | Number of Seatbelts (excluding driver) | Insurance Company/Policy Number and insurance period | Personal Injury Liability Limits Each Person/Accident | Property Damage Liability Limits |
|--------------------------------|----------------------|--------------|-------------------------|--|--|---|----------------------------------|
|                                |                      |              |                         |  |  |   |                                  |
|                                |                      |              |                         |  |  |   |                                  |

\_\_\_\_\_  
Scouts Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Scout Signature

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Phone) \_\_\_\_\_

**Health Insurance Coverage Information**

Name of Health Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_.

Additional Information that could affect trip planning:

**Boy Scout Adult Leader Training:**

| <b>Title :</b>          | <b>( X )</b> | <b>Expiration Date</b> |
|-------------------------|--------------|------------------------|
| Youth Protection        | ___          | _____                  |
| Risk Zone               | ___          | _____                  |
| Safety Afloat           | ___          | _____                  |
| Safe Swim Defense       | ___          | _____                  |
| Climb On Safely         | ___          | _____                  |
| CPR                     | ___          | _____                  |
| Lifesaving              | ___          | _____                  |
| Severe Weather Training | ___          | _____                  |