



ADVANCECAMP ACTIVITY CONSENT FORM
AND APPROVAL BY PARENTS OR LEGAL GUARDIAN



This form is for the consent and approval for Scouts, Varsity Scouts, and Venturers, to participate in a trip, expedition, or activity.

Scout First Name _____ Scout Last name _____

Birth date (month/day/year) _____ Age during activity _____ Years old

Address _____

City _____ State _____ Zip _____

This Scout has approval to participate in CLIMBING Merit Badge at AdvanceCamp.

I/We give permission for our child _____ from Troop _____ to be a part of the Climbing Merit Badge Class through AdvanceCamp. I/We acknowledge our child will be transported by charter bus included with their registration and merit badge fee from the Solano County Fairgrounds to Diablo Rock Gym, in Concord, California.

Our child understands that they must present themselves at the fairgrounds dressed in: Class B uniform and closed-toed shoes.

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against AdvanceCamp and/or the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____

None _____

Scout's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Parent phone number (best contact and emergency contact) _____