

# BOY SCOUT TROOP 171



## ANNUAL PERMISSION SLIP & LIABILITY RELEASE

1. Scout \_\_\_\_\_, has my permission to attend any and all Scouting activities conducted by Boy Scout Troop 171 for the above calendar year. Routine Scout activities include, but are not limited to: hiking, bicycling, climbing, camping, skiing, skating, running, caving, 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 171, the Greater Pittsburgh 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 HARMLESS** Boy Scout Troop 171, the Greater Pittsburgh 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 171, Greater Pittsburgh 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 & Liability Release I hereby waive all claims against Boy Scout Troop 171, the Greater Pittsburgh 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 proper anesthesia, or to order appropriate testing, injection, or surgery for my son.

6. If I am involved in transporting Scouts on any activity, outing or event I agree to ensure that seat belts and any required child seating are provided for each passenger. I further represent that my vehicle is covered by a Pennsylvania complying policy of automobile insurance which carries liability and uninsured motorist coverage of at least \$50,000.00 per person/\$100,000.00 per occurrence, and \$50,000.00 property damage 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 that I am involved in an automobile accident while transporting Scouts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Scout's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scout's Printed Name: \_\_\_\_\_