

Activity Consent Form and Approval by Parents or Legal Guardian

This form is required for participation in off-site activities related to the Rangers Challenge Program.

Rangers Challenge is a program designed for older scouts who seek a different experience than a normal week of earning merit badges at camp!

Many of the activities done in Rangers Challenge require leaving Camp T. Brady Saunders. I understand that my Scout will be transported to off-site locations. I understand that Scouting volunteers and Camp T. Brady Saunders staff will be the drivers for this event and give my permission for my Scout to leave camp to participate in Rangers Challenge.

First name of participant and middle initial _____
Last name _____
Address _____ City _____ State ____ Zip Code _____
Birth date (month/day/year) ____/____/____ Age during activity _____
Has approval to participate in Rangers Challenge at Camp T. Brady Saunders during his session of summer camp.

Without restrictions

Special considerations or restrictions:

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) Email (for use in sharing more details about the trip or activity)

Emergency Contact:

Name _____

Phone _____

Email _____

