TROOP 50

EVENT PERMISSION SLIP

Event Description: _____

Event Location: _____

Dates: _____

Estimated Cost: _____

Permission/Waiver Form:

_____ has my permission to go on the event described above with members of Boy Scout Troop 50 of Springboro, OH, and participate in all activities. I acknowledge that I have read the following waiver in its entirety, that I understand it, and that I agree to be legally bound by its terms.

I will pay for the trip in 2 weeks in advance, either in cash, check or from my son's Scout Account. In the event that my son is not able to attend, I realize that I will not be refunded any commitment fee. Further, if another scout does not take his place, I will not be refunded any other costs incurred on his behalf for the trip.

I understand that the activities involved in this trip carry the risk of personal injury. In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is a nonprofit, educational institution, membership in which is voluntary, and having full confidence that all reasonable precautions will be taken to insure the safety and well-being of my son on this activity, I agree to and support his participation, and I waive any and all claims against the leaders and their assistants on this trip, and the officers, agents, and representatives of the Boy Scouts of America.

In case of medical emergency (and in the event that a parent/guardian cannot be reached) I give my permission for my child to be treated at the nearest medical facility.

If my son does not behave in a manner consistent with the ideals of Scouting, I will be available to pick him up and bring him home.

I can be reached at the number below, if an emergency arises.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Emergency Telephone Numbers: _____

Parent/Guardian Name:										
	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
I will drive:										
I will attend: (indicate hours)										