

# Parent or Legal Guardian Risk Advisory and Activity Consent & Approval Form

Parents, guardians, and potential participants in high-adventure (HAT) experiences are advised that journeying to and from HAT events/programs and participating in them can involve exposure to accidents, illness, or injury associated with physically demanding activities in remote, often rugged areas. Campers may be exposed to occasional severe weather such as lightning, hail flash floods, and excessive heat or cold. Other possibilities include injuries from falls, motor vehicle incidents, and accidents on the water, asthma- and diabetes-related incidents, heart attacks, heat exhaustion, and hypothermia. Participants may encounter wild animals such as bears, mountain lions, and poisonous snakes; however, they will present little danger if proper precautions are taken.

Council HAT trained staff members are trained in preventing accidents and in first aid and CPR, and are prepared to assist in recognizing and responding to accidents, injuries, and illnesses. Medical search-and-rescue services are available in response to accidents or emergencies.

Each participant, including adult leaders, must have a medical examination by a licensed health-care practitioner within a 12-month period preceding the event, and must have a signed Class 3 medical form.

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Street Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in \_\_\_\_\_  
(Name of activity)

From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Without restrictions.  Special considerations or restrictions: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risks involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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 \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Name)

Telephone Numbers (Please indicate best emergency contact): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Name)

Telephone Numbers (Please indicate best emergency contact): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Medical Information

[ ] Allergies to food, drugs, plant, animals, or insects (circle). Explain: \_\_\_\_\_

[ ] Any condition that may require special care, or diet. Explain: \_\_\_\_\_

[ ] Current medications: \_\_\_\_\_

[ ] Any condition that adult leaders should be aware of? \_\_\_\_\_

[ ] Immunizations up to date (\_\_\_\_) Yes (\_\_\_\_) No. \_\_\_\_\_

[ ] Other: \_\_\_\_\_