

**Troop 431 Participation Form and Publicity Release.**  
**Please Read and FULLY Complete (Scouts Cannot Participate in Troop 431 Activities Until a FULLY Completed Form is on File)**

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America (Scouting) is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my son in the activities of Troop 431 during calendar years 2017-2018, I hereby agree to his participation in all the activities of Troop 431 including overnight camp outs, hiking, backpacking, cycling, swimming, day trips, travel to and from events, troop meetings and other related activities.

I understand that participation in Scouting activities may involve the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. 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 son, 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 son. Medical providers are authorized to disclose protected health information to the adult in charge of the related Scouting activity and/or any physician or health care provider involved in providing medical care to my son. 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 my son, follow-up and communication with parents or guardian, and/or determination of my son'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 son, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, Troop 431, its sponsor organization, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

List any restrictions imposed on your son including any medications to be taken and dosage/timing in connection with programs or activities below and counsel your child to comply with those restrictions. List participant restrictions on the next page if any.

**NOTE:** all medications MUST be provided to an adult leader prior to any event. Your son is responsible for taking his medications and no adult leader of Troop 431 shall administer medications; however, an adult leader must supervise the usage of any medications at a Scouting event.

In the interest of the health, safety and well-being of Troop 431 and its members, abuse of any kind will not be tolerated by any Scout or leader. Please ensure your son is aware of the fact that all participants in the activities of Troop 431 will be required to comply with the Scout Oath, Scout Law and any other guidelines imposed on a troop activity for the benefit of all participants.

**In the case of any failure by my child to follow the acceptable conduct standards of Scouting and Troop 431, I understand that the adult leader for any event may contact me and I understand and agree that I can be required to immediately pick up my son from the event, regardless of location.**

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

Parent's/Guardian's Name: \_\_\_\_\_

Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Parent/Guardian Cell Number \_\_\_\_\_ Home Phone # \_\_\_\_\_

Other Emergency Contact (relationship and phone #): \_\_\_\_\_

Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Talent Release**

I hereby assign and grant to Troop 431 and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my son during any Troop 431 activities, and I hereby release Troop 431 and its leaders and the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Troop 431 and the Boy Scouts of America and I specifically waive any right to any compensation I or my son may have for any of the foregoing.

Scout Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed by Parent /Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_