

BOY SCOUTS OF AMERICA TROOP 608
ACTIVITY AGREEMENT AND PARENTAL RELEASE FORM

WHEREAS, _____, a child of whom I have legal custody as parent or guardian, will be a member of a group of Scouts from the Gulf Coast Council, Boy Scouts of America, making various trips and outings with Boy Scout Troop 608,

AND, WHEREAS, guidance during said activities and outings will be given by authorized Boy Scout Leaders of Troop 608,

NOW, THEREFORE, it is understood and agreed as follows:

1. If, during any activity, my child requires any medical services, including admission to a hospital, any of the authorized Leaders may seek and provide any such services as my duly authorized representative. The Leaders will attempt to contact me from time to time at the telephone number(s) I have provided on the Permission Slip for that trip. I realize that the group must continue the activity in accordance with a predetermined timetable. In the event that my child requires hospitalization, the Leaders have the right to provide for the admission and care of my child to a hospital, and to leave him or her there after reasonable efforts have been made to care for his or her welfare and to contact me, without any further obligation on the part of the Leaders. I assume full financial responsibility for any portion of the medical or other expense not covered by any insurance policy carried for the group. If my child is hospitalized or unable to continue a trip with the group, I further assume full responsibility for making any and all arrangements for returning the child to his home from the hospital, thereby relieving the Leaders of any responsibility in this matter.

2. I understand and agree that, during any troop activity, good conduct befitting a member of the Boy Scouts will be expected and required of my child for the maintenance of good order and the safety of the group. Accordingly, I hereby authorize the Leaders to discipline my child in a reasonable way. I understand that obnoxious acts such as smoking, chewing tobacco, speaking with profanity, consuming intoxicants or drugs, fighting, stealing, and failing to act in accordance with normally accepted rules of good conduct from any of the group cannot and will not be tolerated. If my child violates the rules of good conduct and, in the opinion of the Troop Leaders, is incapable of or unwilling to maintain appropriate conduct, I accept full responsibility, both physical and financial, to retrieve my child.

3. If any Leader or the Troop shall make any disbursements, payments or advances of money in accordance with and pursuant to Paragraphs 1 or 2 above, I agree to repay in full any such sums on demand. I further agree to hold harmless any and all of the Leaders, the Gulf Coast Council, and the Boy Scouts of America for any damages occurring to my child or myself, financial or otherwise, as a result of any Leader acting within the scope of the authority given in accordance with and pursuant to Paragraphs 1 or 2 above, or implicit in the fulfillment of their task as group Leaders.

IN WITNESS WHEREOF, I have set my hand and seal this _____ day of _____, _____.
(month) (year)

(Parent)

OR _____
(Legal Guardian)

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this _____ day of _____, _____.
by _____, who is personally known to me or has produced
(type of ID) _____ as identification and who did not take an oath.

Name of Notary Public _____

STAMP



This form MUST be on file for a scout to attend ANY activity with Troop 608.