

BOY SCOUT TROOP/CREW 73
Salinas, California
Boy Scouts of America
Silicon Valley Monterey Bay Council, Inc., No. 57

PERMISSION SLIP
and
WAIVER OF RESPONSIBILITY
for
OUTINGS and ACTIVITIES

FULL NAME OF BOY SCOUT _____

DATE(S) OF ACTIVITY December 31, 2013

PLACE OF ACTIVITY: Moss Landing/Kayak Connection

ESTIMATED COST OF ACTIVITY: \$35.00

ADULT LEADERS OF ACTIVITY: Michael Elliott Sam Bradley

TRANSPORTATION TO ACTIVITY: Private Vehicle

IN CONSIDERATION OF, the benefits to be derived, and In view of, the fact that the Boy Scouts of America is an educational Institution, membership in which is strictly voluntary, and adult leadership is strictly voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my/our son/ward, herein named above, participating in the Activities set forth above, I/we AGREE TO HIS PARTICIPATION. I/we hereby AGREE TO WAIVE ALL CLAIMS, and to RELEASE and HOLD FREE and HARMLESS, from LIABILITY, the leaders of the above described Activities, Boy Scout Troop 73 Salinas, California, the Boy Scouts of America, Silicon Valley Monterey Bay Council, Inc., No.57, the Troop Sponsor, their officers, agents, and representatives, and those assisting them in the operation of the above described Activities, for INJURIES or DAMAGES resulting from my/our sons/ward's participation in the Activities set forth above. I/we understand that transportation to and from the activity will be by privately owned vehicles, unless stated otherwise.

I/we understand that the PERMISSION SLIP, WAIVER OF RESPONSIBILITY and a PARENT'S/GUARDIAN'S PERMISSION FOR EMERGENCY MEDICAL TREATMENT, along with any COSTS MUST BE in the possession of the Scoutmaster of Troop 73, prior to the commencement of the Activity, for my/our son/ward to be eligible to participate in the Activity, in order that the Troop will be in compliance with the Tour Permit Issued by the Boy Scouts of America, covering the above described Activity.

PARENT'S/GUARDIAN'S NAME (print): _____

_____ Father's/Guardian's signature _____ Date or _____ Mother's/Guardians Signature _____ Date

_____ Address

(_____) _____ Telephone