

# 2009 KODIAK / RANGER TREK COURSE PERMISSION SLIP

THIS SLIP MUST BE SIGNED FOR VENTURER/BOY SCOUT TO PARTICIPATE IN THE TREK

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, give my permission for him/her to attend and participate fully in the Connecticut Yankee Council Kodiak / Ranger Trek at Deer Lake Scout Reservation, from June 27, 2009 through July 3, 2009 which will include the following activities: Hiking, Backpacking, COPE, Kayaking, Canoeing, Climbing, Land Navigation, Leave No Trace, Shooting Sports, Camping, Cooking, Wilderness First Aid/Survival, and Conservation.

## Waiver of Responsibility

In consideration of the benefits to be derived, and given that the Boy Scouts of America is a voluntary educational organization, I hereby agree to my son's (sons') participation and expressly waive and release any and all claims against adult leaders of <troop or crew>, and all officers, agents, and representatives of the Boy Scouts of America arising out of or in connection with the above-referenced event or activity. I understand adult leaders will be transporting participants to and during the trek activities. I understand also that if, in the sole opinion or discretion of the adult leaders, my son/daughter/ward fails to participate in planned activities or assigned duties, does not abide by rules of good safety, disrupts the conduct of the activity, or continually shows disrespect for the leaders, adults, or fellow Scouts/Venturers, HIS/HER PARENT / GUARDIAN WILL BE REQUIRED TO MAKE ARRANGEMENTS TO TRANSPORT HIM HOME.

## Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to X-ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Personal Physician

(\_\_\_\_\_) \_\_\_\_\_  
Physician Telephone Number

## Media Release

For value received, I hereby consent to the use of my (or my daughter's or son's if participant is under 18) name, voice and /or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant or adult of any product or service.

## Signature

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Contact Number during Trek (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_