

Boy Scouts of America Troop 828, Sugar Land, Texas  
Informed Consent to Participate

I understand that --

1. My child \_\_\_\_\_ will be participating in the following activity involving BSA Troop 828 of Sugar Land, Texas:

DATE: June 27 - July 2

ACTIVITY: High Adventure backpacking in and around the Appalachian Trail, Citico Creek Wilderness, Hoyce Kilmer / Slickrock Creek Wilderness, Pisgah National Forest, Shining Rock Wilderness of Middle Prong Wilderness in Western North Carolina. This activity involves hiking at moderate elevation (~6000 ft) carrying all necessary camping gear for 3-4 nights on the trail. One or two additional days may be devoted to canoeing on Little Tennessee or French Broad Rivers or whitewater rafting on the Nantahala River. Water activities will be conducted by experienced river outfitters. Rock climbing will also be available as an optional activity.

DEPART: Camp Daniel Boone in the evening on June 26

RETURN: Camp Daniel Boone on or before July 2

2. This activity includes transportation by vehicle of all participants to and from the above-mentioned location.
3. Participation in water sports and rock climbing programs will likely require parental consent and waiver of liability. I authorize the Troop 828 Assistant Scoutmaster leading this activity to sign the required consent forms.
4. My child will not be permitted to depart for this activity unless a signed Consent-to-Treat Form (medical data sheet) and the signed Informed Consent Form are on file with the Scoutmaster of Troop 828, or the adult leader of this activity.
5. In the event of a medical emergency involving my child during this activity, and being unable to contact me or my designated physician, the adult leader may obtain medical treatment for my child at my expense, as designated and/or restricted by my child's Consent-to-Treat Form on file with Troop 828.
6. If during this activity the adult leaders deem it necessary that my child be removed from this activity, I agree to come and get my child or provide return transportation for my child as soon as possible.

Therefore, I agree that my child \_\_\_\_\_ may participate in this activity and, having full confidence that all reasonable safety precautions will be taken, I agree to abide by any decisions that adult leaders of this activity deem necessary to provide for the safety, well being, and good conduct of all participants. Also, in consideration of the benefits to be derived from this activity, and in view of the adventurous nature and voluntary membership of the Boy Scouts of America, I waive any and all claims against the leaders of this activity, and officers, agents, sponsors, and the representatives of the Boy Scouts of America, that may arise from my child's participation in this activity.

I have read and understand the above statement:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers where I can be reached during this activity

\_\_\_\_\_

Is this scout taking any medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Do you want your child to self medicate?