ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Boy Scout Troop 777

RETURN BY: **TUESDAY, JUNE 6, 2017**

ACTIVITY: Horseback Riding – Lake Skinner Campground - Temecula

ADULT LEADER CONTACT:

NAME:	PHONE:	EMAIL:
Darmo Tandjung	714-642-2250	tdarmo@gmail.com
Tedd Wong	951-733-6562	wongtheo@yahoo.com

LEAVING FROM	AT	DATE/TIME	RETURNING	DATE/TIME
Smart& Final/CVS Diamond Bar		June 16, 2017 7:00pm		June 18, 2017 11:00am

HORSEBACK RIDING PROGRAM		CAMP FEE		FOOD COST		TOTAL COST
32 -	+	- -	+	15 18	=	$47 (Scout) $18 (Adult)

SPECIAL INSTRUCTIONS: BRING 10 ESSENTIALS, SCOUT'S HANDBOOK, ANIMAL SCIENCE MB WORKSHEET

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

PARTICIPANT NAME _____ BIRTH DATE (MM/DD/YYYY) _____ AGE DURING ACTIVITY _____

ADDRESS _____ CITY, STATE ZIP _____

HAS APPROVAL TO PARTICIPATE IN THE ABOVE STATED ACTIVITY

☐ WITHOUT RESTRICTIONS ☐ SPECIAL CONSIDERATIONS OR RESTRICTIONS: _____

PARTICIPANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN PRINTED NAME _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____

AREA CODE AND PHONE NUMBER (best contact and emergency contact) _____ EMAIL (For use in sharing more details about activity) _____

TRANSPORTATION

(please provide all information)

I CAN PROVIDE TRANSPORTATION:

☐ TO AND FROM

☐ TO ONLY

☐ FROM ONLY

YEAR & MAKE OF VEHICLE	DRIVERS LICENSE #	TOTAL # OF PASSENGERS

$ EACH PERSON	$ EACH ACCIDENT	$ PROPERTY DAMAGE

PUBLIC LIABILITY

☐ **INSURANCE MEETS OR EXCEEDS MINIMUM STATE REQUIREMENTS**

BOY SCOUTS OF AMERICA