Boy Scout Troop 51

Parental Authorization and Release Form for Field Trip

Troop 51 will be going on a trip to Elizabeth Furnace Recreation Area. We will depart on Friday 16 March from the upper parking lot of Floris United Methodist Church at: 6:00 PM . Please assemble at the church at 5:30. We will return on Sunday 18 March to Floris Elementary School unless drivers return Scouts to their homes. Transportation will be by private car. Activities on the trip will include: a hike, an introduction to outdoor skills, and camping. Scouts should bring the 10 essentials and dress appropriately.

There is a $5 activity fee and a $20 food food fee for this trip, (total $25 per Scout and $20 per Scout parent (no activity fee paid)).

Emergency Contact Number during the trip is: Brian Gilley – Cell: 703.597.7480; Home: 703.542.6104

(Please return this portion)

Activity: \_ Elizabeth Furnace Campout Date: 16, 17,18 March 2012

We are the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We hereby authorize and give permission to our son to go on the above-described trip and to participate in all activities. In giving this authorization, we recognize that camping, hiking and other outdoor activities our son will engage in are physically strenuous, inherently dangerous, and can result in serious injury. On both our own behalf, and that of our son, we assume all such risks and dangers. In consideration of our son's participation in this trip, we, for ourselves and our son, further agree to, and do hereby, release, covenant not to use and hold harmless Troop 51, its adult leaders, and scouts from, for, or against any and all claims or liabilities which may arise from or during our son's participation on this trip (including any claims or liabilities for any injuries our son might sustain) and waive all such claims or liabilities, except any such claims or liabilities which might arise from their gross negligence or intentional or willful misconduct.

Should a medical emergency arise during our son's participation in the above-described trip, we hereby authorize the adult leaders to have administered to our son, and consent to our son's receipt of, such medical treatment and/or surgical procedures as are deemed necessary under the circumstances and we agree to assume liability for any medical expenses involved; provided however, that except in life-threatening situations, the adult leaders will make reasonable efforts to contact us and or our medical insurance carrier before any such expenses are incurred. We further consent to the adult leader's administration, if necessary, of normal first aid, and to the immediate administration of any necessary life-sustaining measures.

Signature of Parents or Guardian:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Activity and Meal fee: Paid: \_\_\_\_\_\_\_\_\_\_ Amount: Check: Y/N