

**SUMMER CAMP PARENTAL INFORMED CONSENT AND
RELEASE/INDEMNITY/HOLD-HARMLESS AGREEMENT**

I understand participation in the Summer Camp Program offered through the East Carolina Council, BSA, on _____ (camp dates) involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son/daughter, I have given _____ (son/daughter) my consent to participate in the Summer Camp Program. I further give consent for the use of any photos and/or video pictures of my son/daughter that may be taken for program, commercial or promotional usage and further give my permission for the camp medical officer to administer any and all prescription medications that may accompany my son/daughter to camp:

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against Boy Scouts of America East Carolina Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in the Summer Camp Program. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA, EAST CAROLINA COUNCIL BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN THE SUMMER CAMP PROGRAM. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA, EAST CAROLINA COUNCIL BSA'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEYS' FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This form must have both parent/guardian signatures.

Signature

Signature

Telephone Number

Telephone Number

Date

Date

Scouts Name _____

Troop # _____