



**BOY SCOUTS OF AMERICA
TROOP 506 TRAVEL OUTING PERMISSION FORM**

I, the undersigned Parent or Guardian of _____
(scout name)

give my permission for my child to participate with Troop 506 to Angel Falls backpacking trip at Big South Fork on May 15-16, 2010.

(Parent/Guardian sign here)

(Date)

Any medical information we should know? _____

Trip Itinerary:

- Arrive at church no later than 9:00am on Saturday May 15, 2010
- Leaving promptly at 9:30
- Travel in hiking clothes
- Eat before you arrive
- Returning to church on Sunday afternoon (16th of May, 2010)

Contact Information:

Home Phone: _____

Cellular Number: _____

Emergency Number: _____

WAIVER OF LIABILITY AND MEDICAL RELEASE

I, *(Parent/Guardian)* _____, agree and consent to having the adult leaders of BSA Troop 506, under who auspices this program is conducted, approved as guardian to secure any emergency medical care or treatment that may be necessary for *(Scout)* _____ during the above so mentioned activity. I further assume all responsibility for their decisions so made, and the emergency care or treatment so secured by them.

I also hereby release Christ United Methodist Church, BSA Troop 506, and all participating Leaders, from any and all liability, claims, suits, demands, or causes of action which may arise from bodily injury or property damage as a result of said party's participation in or observation of stated activities.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

(Parent/Guardian sign here)

(Print name here)