



**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 Mischa Mokwa in Cumberland Gap National Park on May 14-16, 2010.

\_\_\_\_\_  
*(Parent/Guardian sign here)*

\_\_\_\_\_  
*(Date)*

Any medical information we should know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Trip Itinerary:**

- Morning departures arrive at CUMC on Fri at 7:00am leaving at 7:30am
- Afternoon Departures arrive at CUMC on Fri at 3:00pm leaving as soon as possible afterward
- Whiterock contingent arrive at CUMC on Sat at 9:00am leaving at 9:30am
- All contingents returning to CUMC on Sunday afternoon (will call on way home)
- Dress for hiking – eat before you arrive

**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)*