

TROOP 506 TRAVEL OUTING PERMISSION FORM

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

give my permission for my child to participate with Troop 506 on a Backpacking trip on the Mischa Mowka trail in the Cumberland Gap National Park.

(Parent/Guardian sign here) (Date)

Any medical information we should know? _____

Two groups are going, know which group you are in.
Group 1 Thur – Sun May 21 – 24. Meet at church Thursday at 5pm.
Group 2 Fri – Sun May 22 – 24. Meet at church Friday at 5 PM.
Eat Before leaving Church.
Returning to church approx 1 – 3 PM Sunday May 24.

Contact Information:

Home Phone – _____

Cellular Number – _____

Emergency Contact -- _____

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.

Signature of Parent or Guardian: _____

Printed Name: _____