BSA Troop 114 Permission and Liability Release Form

(Turn in no later than September 3, 2015)

Medications to be taken on trip:

(All medications should be given to the trip leader prior to departure)

A atiit	Danier Area Caupail Commerce	Payment Method:
Activity:	Denver Area Council Camporee	☐ Scout Account
When:	September 18-20, 2015	□ Cash
Where:	BSA Peaceful Valley Scout Ranch, Elbert, CO	□ Check #
Participant's Name:		Payment due by September 3, 2015
Friday, Septem be participatin expect to retu	rea Council Camporee will be held at Peaceful Valley in Elbernber 18, and driving in personal cars to Peaceful Valley wheng in various physical activities and patrol competitions on Salurn to the Scout Hut later in the morning on September 20. t you have appropriate clothes and sleeping gear. Be prepar	re we will be sleeping in tents. The scouts will turday that may involve strenuous activity. We Fall/Winter camping conditions will be likely so
against injury o or on behalf o	o provide a safe and enjoyable experience will be taken, but or accident. In recognition of the inherent risks of attending of my child participant) assume full responsibility for personar r from my child's (or my) participation.	g the Denver Area Council Camporee, I (and for
outlined herein Troop 114 and as well as pro	e that I understand the risks associated with participating in in or not) and do hereby release, forever discharge and agre d any of its adult leaders from any and all liability, claims or operty damage and expenses, of any nature whatsoever when the Denver Area Council Camporee.	ee to hold harmless the Boy Scouts of America, demands for personal injury, sickness or death,
	Denver Area Council Camporee Par	ticipant
I have rea	ad the above and understand the risks associated with this ca	ampout and agree to come fully prepared.
Participant's Si	ignature:	
We are the parthe Denver Arauthorize med responsibility of	nission & acknowledgement) rent(s) or legal guardian(s) of this participant, and hereby gra rea Council Camporee and hereby give our permission to dical treatment, including but not limited to emergency so of all medical bills, if any. Further, should it become necess olinary action or otherwise, we hereby assume all transportat	take him to a doctor or hospital and hereby urgery or medical treatment, and assume the ary for our son to return home due to medical
Parent / Guard	dian:	Date:

Campout Fee:

Scouts - \$40

Adults (driving) – \$15 Adults (not driving) - \$25