## BSA Troop 114 Permission and Liability Release Form

(Turn in no later than September 1, 2016)

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

A -+ii.	Average as District Fall Communication	Payment Method:
Activity:	Arapahoe District Fall Camporee	— □ Scout Account
When:	September 16-18, 2016	— □ Cash
Where:	BSA Peaceful Valley Scout Ranch, Elbert, CO	— □ Check #
Participant's Name:		Payment due by September 1, 2016
Friday, Septemb be participating expect to return	District Fall Camporee will be held at Peaceful Valley is ber 16, and driving in personal cars to Peaceful Valley is in various physical activities and patrol competitions in to the Scout Hut later in the morning on Septembe you have appropriate clothes and sleeping gear. <b>Be p</b>	where we will be sleeping in tents. The scouts will on Saturday that may involve strenuous activity. We 18. Fall/Winter camping conditions will be likely so
against injury or on behalf of	provide a safe and enjoyable experience will be take r accident. In recognition of the inherent risks of atte my child participant) assume full responsibility for p from my child's (or my) participation.	nding the Arapahoe District Fall Camporee, I (and for
outlined herein Troop 114 and a as well as prop	that I understand the risks associated with participat or not) and do hereby release, forever discharge an any of its adult leaders from any and all liability, clair terty damage and expenses, of any nature whatsoever the Arapahoe District Fall Camporee.	d agree to hold harmless the Boy Scouts of America, ns or demands for personal injury, sickness or death,
	Arapahoe District Fall Campor	ee Participant
I have read	d the above and understand the risks associated with	this campout and agree to come fully prepared.
Participant's Sig	nature:	_
We are the pare the Arapahoe I authorize media responsibility of	ission & acknowledgement) ent(s) or legal guardian(s) of this participant, and here District Fall Camporee and hereby give our permissi cal treatment, including but not limited to emerge f all medical bills, if any. Further, should it become r inary action or otherwise, we hereby assume all trans	on to take him to a doctor or hospital and hereby ncy surgery or medical treatment, and assume the necessary for our son to return home due to medical
Parent / Guardia	an:	Date:
Medications to	be taken on trip:	

Campout Fee:

Scouts - \$30

Adults (driving) - \$25

Adults (not driving) - \$30