

**ORELAND BOY SCOUT TROOP ONE
PERMISSION TO PARTICIPATE, RELEASE OF LIABILITY
AND MEDICAL POWER OF ATTORNEY FORM**

I. Introduction

Oreland Troop One (officially BSA Troop 88) has an excellent record of safety and we want to be prepared with the proper forms in case of an accident or illness during the activities and events that take place while your son is participating in Troop activities. We also want you to recognize that we are a charitable organization staffed by volunteers and that many of the recreational events that we sponsor have inherent risks. We have included a release of liability for you to sign to protect our leaders, sponsors and Troop assets for years to come. Please complete the reverse side of this form and provide it to the Scoutmaster so that you and/or your child may participate in all of the Troop activities.

II. Acknowledgement of Risk.

I acknowledge and understand for myself and/or for the minor child identified below that certain risks and hazards may be present when participating in recreational activities and events sponsored by Oreland Boy Scout Troop One (Troop One), including but not limited to serious and minor injuries, illness, permanent paralysis and death.

III. Physically Fit.

I certify for myself and/or for the minor child identified below that I am and/or he is medically and physically capable of participating in the activities featured in The Boy Scout Handbook, Troop One's website (www.oreland1.org) and the applicable calendar of events published by Troop One from time to time and I give permission for the minor child identified below to participate in any such activities or events unless I provide the Scoutmaster with advance written notice of limitations and/or restrictions. We knowingly assume all risks of participating in these events and activities, but if I observe any unusual hazard I will bring it to the attention of the Scoutmaster.

IV. Release of Liability.

In recognition of the benefits of the activities and events offered by Troop One, I, for myself, if applicable, and for the minor child identified below, agree to **release, indemnify, hold harmless and not to sue** Troop One, Christ Lutheran Church, and the Boy Scouts of America, their councils, leaders, committee members, officers, agents, representatives, trustees, volunteers, employees, participants, sponsors, heirs, personal representatives, successors, assigns and trusts from any and all liability, demands, claims, judgments, costs or expenses, including attorneys' fees, arising out of any loss, damage, injury, illness or death incurred or sustained by the minor child or children or myself while participating in or traveling to and from the Troop One activities or events.

V. Medical Power of Attorney.

I appoint the Scoutmaster, or his agents, who are acting as leaders of the applicable activity or event, as my attorney in fact to act for me in my name and on my behalf for the child or children identified below, if any injury, illness or medical emergency occurs during the activity or event or related travel including but not limited to giving any consents and authorizations to physicians, dentists, hospitals or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as deemed necessary or appropriate for the best interest of the child. This power of attorney shall lapse automatically upon completion of the event and related travel or whenever the child's parent or guardian is present.

VI. Acknowledgement

I have carefully read this permission to participate, release of liability and medical power of attorney and my signature acknowledges that I fully understand and agree to the content and meaning.

Signature of Parent or Guardian: _____ Date / /

Address: _____ City: _____ Zip: _____

Phone: (w) _____ (h) _____ (cell) _____

Emergency Contact: _____ Phone: (w) _____ (h) _____

Medical Information – Completed by Parent or Guardian ---- Please Print

Child's Name _____ Birth date ____/____/____

Allergies: _____

Medications: _____

Chronic Conditions (eg. epilepsy, diabetes): _____

Insured's Insurance Co. _____ Policy No. _____

Insured's Name: _____ Phone: (h) _____ (w) _____

Insured's Birth date: ____/____/____ Insured's Soc. Sec. # _____

Family Doctor: _____ Phone: _____

Thank you,
Scoutmaster Mike Weiss
(215) 641-4899

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