



Cub Scout Pack 1970

St. Clair Shores, MI 48081

<http://cubscoutpack1970.com>



Informed Consent and Hold Harmless/Release Agreement

Activity: _____ Date(S): _____

Location: _____

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child _____ to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release **Cub Scout Pack 1970**, Detroit Area Council, Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I agree that photographs of my son made during this activity may be used for any purpose of Pack 1970, including being but not limited to being posted on the Pack 1970 website.

I approve the sharing of information with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

If I cannot be reached in case of emergency care concerning my son, **Cub Scout Pack 1970** leadership has my permission to take him to the physician and/or hospital selected by the group leaders.

While at this event, please contact the following person in case of emergency:

Name (Please Print) _____
Relationship _____
Phone number _____
Phone number (alternate) _____

This form must have the signature of a parent or guardian:

Name (Please Print): _____
Signature: _____
Phone: _____ Alternate: _____
Date: _____