

# 40km Carpe Adventure Trek (CAT-40) Permission Slip / Activity Consent Form

Saturday, 10 March 2018

(Snow Date: Saturday, 17 March 2018)

(Complete a separate form for each adult and Scout hiker)

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

**CAT-40 Proviso: As a condition of participation, I also will provide a BSA health form (Parts A and B) to the hike coordinators at morning check-in for myself or child/ward participating in the CAT hike. I understand and acknowledge: 1) that I have reviewed the hike route and Support Stop locations (next page), and read the Leader Guide (NCAC Website → Select Colonial District → Select 10 March on Calendar); 2) that I or my child/ward will abide by the hike rules in the Leader Guide, and direction from the hike coordinators on hike day; that long-distance hiking is extremely strenuous and physically demanding; 3) that the trails used for this hike are shared with numerous other users and are therefore hazardous; 4) that I may not depart the hike myself or pick up my child/ward between Support Stops without approval of the hike coordinator; and 5) that the "buddy system" is in effect throughout the hike.**

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Adult Participant's Signature	Printed Name	Unit #	Date
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Adult Participant's Phone Number	Emergency Contact Printed Name	Phone Number
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OR

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Youth Participant's Printed Name	Unit #
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Parent / Guardian's Signature	Printed Name	Date
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Parent / Guardian's Phone Number	Emergency Contact Printed Name	Phone Number
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**CAT-40 Hike Route**



**CAT-40 Point of Contact**

Matt O'Brien, Hike Coordinator      va.mobrien@gmail.com