

ANTHONY WAYNE AREA COUNCIL, BOY SCOUTS OF AMERICA

PROGRAM/EVENT _____

PARTICIPANT: _____ AGE/BIRTHDATE: _____

ADDRESS: _____
 Street City Zip

HEALTH OR MEDICAL ISSUE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ EMERGENCY NUMBER: _____

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the activities and events of the Anthony Wayne Area Council, Boy Scouts of America, I, the undersigned, acknowledge and agree as follows:

1. I understand the risk of injury from activities involving or relating to the _____, is significant, including the potential for serious permanent injury, illness, disability and/or death, and while particular equipment and personal discipline may reduce the risk, the risk of serious injury, illness, permanent disability and/or death still exist.

2. I understand the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist, and while personal discipline may reduce the risk, it is impossible to eliminate the risk that individuals could become infected through contact with or close proximity to an individual with a communicable disease and that such exposure or infection may result in serious injury, illness, permanent disability and/or death.

3. **I, INDIVIDUALLY, AND IN THE CASE OF A MINOR, ON BEHALF OF THE MINOR, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, FORESEEABLE AND UNFORESEEABLE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION AND THE MINOR'S PARTICIPATION AND FOR ANY INJURY, ILLNESS, DISABILITY OR DEATH THAT MAY ARISE AS A RESULT OF THAT PARTICIPATION.**

4. I agree to comply with the stated and customary terms and conditions for participation in the activities and events of the Scouts. If, however, I observe any unusual or significant hazard in my presence or during my participation, I will immediately remove myself from participation and immediately inform the nearest official of the situation.

5. **I, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, AGENTS, REPRESENTATIVES AND NEXT OF KIN DO HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE ANTHONY WAYNE AREA COUNCIL, ITS MEMBERS, MANAGERS, OFFICERS, DIRECTORS, PARTNERS, EMPLOYEES, SERVANTS, AGENTS, ATTORNEYS, REPRESENTATIVES, PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, AFFILIATES, ADVERTISERS AND, IF APPLICABLE, OWNERS AND LESSORS OF THE PREMISES USED TO CONDUCT THE ACTIVITIES OF THE ANTHONY WAYNE AREA COUNCIL. ("RELEASEES") FROM ANY AND ALL INJURY, ILLNESS, DISABILITY OR DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.**

I HAVE READ THIS WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND AND ACCEPT ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP SUBSTANTIAL RIGHTS, AND FREELY AND VOLUNTARILY SIGN WITHOUT INDUCEMENT.

Participant (Signature)

Today's Date

Parent/Guardian (Signature) if Participant is a Minor

Today's Date