# Informed Consent, Waiver, and Authorization

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 your 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.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. With appreciation of the dangers and risks associated with programs and activities, 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 Indianapolis Sailing Club, 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.

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Scout Name Date

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Parent/Guardian Name Parent Guardian Signature