

# Central Minnesota Council, BSA Release and Waiver of Liability Agreement, Medical and Media Release

Central Minnesota Council, Boy Scouts of America, a Minnesota non-profit corporation, (hereinafter referred to as CMCBSA) operates the Parker Scout Camp on North Long Lake, located at 21930 Paradise Drive Nisswa, MN 56468 as part of its charitable function.

I have chosen to allow myself/my child/my family members to attend the Parker Scout Camp in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Parker Scout Camp (including but not limited to hiking, camping, riflery, water sports and activities) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties.

I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities at Parker Scout Camp may be increased by factors beyond the control of CMCBSA, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, CMCSBA, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Parker Scout Camp activities. I hereby authorize the Parker Scout Camp staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and also report any unsafe conditions that I may encounter to a responsible party.

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**Signature (if adult) or Parent/Guardian if under 18yrs. old**

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**Date**

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Printed Name

**Individual(s) covered by this release:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**List all other Family Members Covered by this release: (Please Print)**

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