

Gamehaven Council, Scouting America | Family Participation Waiver

WE WILL RETAIN THIS FORM. If you would like a copy for your records, let us know before you turn in the form.

One copy of this waiver must be completed by all families attending Gamehaven Council activities between 1 hour and 23 hours. For all participation over 23 hours, a Scouting America Annual Health and Medical Record (AHMR) must be completed for every attendee.

Youth in Family Group:	Adults in Family Group:
1.	1.
2.	2.
3.	3.
4.	4.

Date of Participation (MM/DD/YYYY): _____

Talent Release:

I give my permission for Gamehaven Council to use any photographic image taken of me and/or my family to be used by the Council in printed publications, on the internet or in other electronic formats for press or print purposes. If our image is used, I hereby consent, without further consideration or compensation to the use of images taken of us for the purposes of illustration, advertising, or distribution of any manner. I understand that the images remain property of the Council and that there will be no restrictions. I accept that no payment is due in respect of this authority and that no further payments to me are required at any time.

X _____
Initial

Informed Consent and Hold Harmless/Release Agreement:

I understand that participation in Scouting activities involve certain degrees 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, hold harmless and agree to indemnify the Gamehaven Council and Scouting America, 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 approve the sharing of the information on this form with Scouting staff and volunteers who need to know of medical situations that might require special consideration for the safe conducting of camp activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provide 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. I understand and agree that medical decisions related to care and treatment may be based upon information supplied in the appropriate health form submitted.

X _____
Initial

I have read, understand, and agree to all the information shared in this form. If any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent / Guadian Signature: _____ Date: _____
Or participant signature if over the age of 18 (MM/DD/YYYY)

Please Print Legibly:

Emergency Contact Name: _____ Primary Phone Number: _____
Relation to Participant: _____