CAMP DURANT OLDER YOUTH PROGRAM

Off-Site Activity and Transportation Permission Form

Participant Information

Scout Name: _____

Unit Number: _____

Week Attending Camp: _____

Adventure Program Activity: _____

Date(s) of Activity: _____

Parent/Guardian Permission

As part of Camp Durant's Adventure Program, participants may be required to travel off Camp Durant property to participate in scheduled program activities. Transportation will be provided by Camp Durant using vehicles operated by approved Camp Durant staff members who meet applicable Scouting America, Occoneechee Council, and Camp Durant transportation requirements.

I understand that my Scout has voluntarily registered for the Adventure Program listed above, and that participation may involve transportation away from Camp Durant and participation in outdoor and adventure-based activities.

By signing below, I:

- Give permission for my Scout to leave Camp Durant property to participate in the Adventure Program listed above.
- Authorize transportation of my Scout in a vehicle operated by an approved Camp Durant staff member.
- Understand that transportation and activities will be conducted in accordance with applicable Scouting America policies and Camp Durant procedures.
- Acknowledge that participation in outdoor and adventure activities involves inherent risks that cannot be completely eliminated.
- Certify that my Scout is medically able to participate in the activity and that all relevant medical information has been provided on the Scout's Annual Health and Medical Record.
- Authorize Camp Durant personnel to obtain emergency medical care for my Scout should such care become necessary, and I cannot be contacted immediately.

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Emergency Contact Information

Parent/Guardian Name: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact (if different): _____

Emergency Contact Phone: _____

Acknowledgment and Release

I have read and understand this permission form and voluntarily grant permission for my Scout to participate in the Camp Durant Adventure Program identified above, including transportation to and from off-site activity locations by approved Camp Durant staff.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Camp Use Only

Camp Director Approval: _____

Date: _____

Staff Driver(s): _____

Vehicle(s): _____

Camp Durant is operated by the Occoneechee Council, Scouting America. All transportation and program activities will be conducted in accordance with current Scouting America policies and applicable state laws.