

**High Adventure Trip
PARENT/LEGAL GUARDIAN CONSENT FORM**

We, _____, the parents / guardians of _____
(Parents of Guardians Print Name) (Minor Participant)

Give our child, a resident minor of _____
(Address)

Permission to accompany Northern Lights Council High Adventure group to Captain Don's Resort, Bonaire, from 15 June 2024 to 22 June 2024 and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now, therefore, in consideration of the permission extended to our child to accompany the High Adventure group and participate in the trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, remise , release, and forever discharge the Northern Lights Council and group leader(s): Jefri Jones, Janice Jones

As well as the Boy Scouts of America, its officers, members, as well as all other participants and sponsors of said High Adventure Trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the High Adventure trip, to consent

To all the group leader(s): Jefri Jones, Janice Jones

To act in loco parentis for the duration of the High Adventure trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of:

(Signature)

NOTARY PUBLIC IN AND FOR _____ COUNTY _____
(State)

Subscribed and sworn to before me this _____ day of _____,

(Parent / Legal Guardian Signature)

(Address)

(NOTARY SEAL)

(Parent / Legal Guardian Signature)

(Address)