



### **APPROVAL OF PARENTS OR GUARDIANS**

Participant Name (First, M.I., Last) \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone [Daytime] (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Phone [Evening] (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

***Parents or guardians must read this statement before approving application.***

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this participant can meet the health and physical fitness requirements of the activity and that a current Personal Health and Medical Record Form has been submitted to the Glacier's Edge Council of the Boy Scouts of America.

#### ***Team Activities***

I understand that this participant will be in a team that will consist of six to eight other participants and that they will function and camp out as a group for the entire week. There will be adults camping with them in their campsite but will not interfere with team activities. A sufficient number of adults will be in attendance at Camp Indian Trails the entire week to provide guidance and supervision. Other activities during the week will consist of learning and putting into practice the skills of leadership, team building activities, incentive games, and improving on already known outdoor craft skills including, but not limited to, cooking, camping, fire building, personal sanitation, and proper use of wood tools.

#### ***Waiver of Claims***

In consideration of the benefits to be derived from participation in this Scout activity, any and all claims against the Boy Scouts of America, Glacier's Edge Council of BSA, their chartered organizations, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or

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engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his property, in connection with or incidental to the activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

**Medical Release**

In the event of illness or injury occurring to the participant while involved in this activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company \_\_\_\_\_

Policy No. \_\_\_\_\_

Personal physician \_\_\_\_\_

Physician's Telephone No. \_\_\_\_\_

**Approval**

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Guardian

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian