

**PARENT/GUARDIAN CONSENT FORM  
FOR PARTICIPATION IN A COUNCIL-OPERATED CAMP OR ACTIVITY**

I hereby give permission for full participation in a Council-operated camp or activity, subject to limitations noted

\_\_\_\_\_ **Day Camp** \_\_\_\_\_ **Boseker Scout Reservation/Camp Emerson / Camp Wiley**  
\_\_\_\_\_ **Cub Scout Archery Shoot** \_\_\_\_\_ **Other** \_\_\_\_\_  
From (date) \_\_\_\_\_ to (date) \_\_\_\_\_, (year) \_\_\_\_\_

This authorization shall remain effective until replaced or revoked in writing

Full Name of Participant \_\_\_\_\_ Birthdate (month/date/year) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Medications/Restrictions/Special Considerations (if any): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for any and all claims or liability arising out of this participation.

**MEDICAL TREATMENT RELEASE**

**(Yes) (No)** In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided 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.

**SHOOTING SPORTS RELEASE**

**(Yes) (No)** S. 12552 Furnishing Firearms to Minors under 18 without permission of parent ---  
Every person who furnishes any firearm, air gun, or gas-operated gun, designed to fire a bullet, or metal projectile, to any minor under the age of 18 years, without an express or implied permission of the parent or legal guardian of the minor is guilty of a misdemeanor. By circling yes or no to this item and signing below we are granting/not granting permission.

**TALENT RELEASE**

**(Yes) (No)** I hereby assign and grant to the California Inland Empire Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made by the California Inland Empire Council and I hereby release the California Inland Empire Council from any and all liability from such use and publication.

**(Yes) (No)** I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the California Inland Empire Council and I specifically waive any right to any compensation I may for any of the foregoing.

Restrictions \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION AND SIGNATURES**

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_