

PACIFICA DISTRICT

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN AND TALENT RELEASE

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Additional address (need street address is you have a P.O. Box) \_\_\_\_\_

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

Has approval to participate in \_\_\_\_\_ PACIFICA DISTRICT CAMPOREE  
(Name of activity, orientation, fight, outing, trip etc.)

From 10/12/2012 to 10/14/2012  
(Date) (Date)

Without restrictions

Special considerations or restrictions: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or 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 from any and all claims or liability arising out of this participation.

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 in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the leader in charge examination findings, test results, and treatment provided for the 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.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate telephone number \_\_\_\_\_

Email (for use in sharing more details about the trip or activity) \_\_\_\_\_

### TALENT RELEASE

I hereby assign and grant to the Los Angeles Area Council – Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and or sound recordings made of me this date by the Los Angeles Area Council – Boy Scouts of America, and I hereby release the Los Angeles Area Council – Boy Scouts of America from any liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Los Angeles Area Council – Boy Scouts of America and I specifically waive any right to any compensation I may have for the foregoing.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_