

Golden Empire Council
Camp Lassen All Terrain Vehicle Training Program
Participation and Hold Harmless Agreement

Provide Troop/Crew
Type and Number

Golden Empire Council is offering All Terrain Vehicle (ATV) training at Camp Lassen. To participate in this training, Scout must be 14 years. Operation of ATV's will be under the supervision of a certified ATV Safety Institute (ASI) instructor. Participants will be taught ATV safety using the ASI RiderCourse training program provided by the ATV Safety Institute. They will wear a helmet, goggles, gloves, over the ankle boots, long sleeve shirts and long pants and abide by all safety rules and instructions.

I, the undersigned, give my child, _____ (**print youth name**). 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 my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the 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.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. Because space in this program is limited, any additional cost associated with participation in this program will not be refunded.

1. Wear all safety gear at all times on or around the equipment.
2. Follow all the safety rules provided in the training class.
3. Follow the instructions of the instructor(s).
4. Maintain control of the ATV at all times and remain within the speed determined by the instructor(s).
5. My child is 14 years of age or older as of the start of the class and will be in full compliance with all local state and federal guidelines, including age restrictions and original equipment manufacturer standards.

PRINT INFORMATION CLEARLY

Participant's Name _____ Age, Birthday _____

Mailing Address _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____

Home Phone _____ Cell Number _____

Email address for survey purposes only: _____

Council Name/Number _____



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