

## 2010 Scout Expo – Form A

*All youth participating in 2010 Scout Expo must have this form completed.*

### CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY (MINOR)

The undersigned, parent(s) or legal guardian(s) of \_\_\_\_\_, a minor child, do (es) hereby consent to said child attending 2010 Scout Expo at Beale Air Force Base, California (Beale AFB), which will be held on April 30, May 1-2, 2010. I (We) am/are aware that certain risks and dangers may be associated with this event. These risks include, but are not limited to, hazards of an injury to persons and property while on Beale AFB (a place known to contain poisonous snakes, dangerous animals, unexploded ordinances, and other harmful conditions), accident or illness in remote places without medical facilities, and forces of nature.

Said child is to abide by all reasonable rules and requirements of appropriate cooperation and conduct. Upon violation said child may be sent home at my (our) expense.

In the event of illness or injury, I (we) hereby consent to whatever medical treatment is deemed necessary by a licensed physician, surgeon or dentist for said child, and I (we) agree to pay the expenses related thereto.

I (We) agree to assume all the risks associated with said minor child being on Beale AFB, except in the case of gross negligence, and I (we) agree to not hold the United States of America, the United States Air Force, Beale AFB, any other agency, organization, or sponsor of this event, or their officers, members, agents, or employees, responsible for any harm or injury, from any cause, which may befall said minor child related to or arising from his/her attendance at 2010 Scout Expo on Beale AFB, participation in activities associated with this event, and any transportation on Beale AFB, and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other persons on my behalf, or in their own right, arising out of said attendance, participation, activities, or transportation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by said minor child. I (We) agree that these conditions and agreements are binding on all said minor child's heirs, executors, administrators, representatives, assignees, and successors in action.

I (We) have read and understand the above, and willingly agree to said terms and conditions.

Without restrictions \_\_\_\_\_ With special consideration \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing. Yes \_\_\_\_\_ No \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant's name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## 2010 Scout Expo – Form B

*All adults participating in Scout Expo must complete this form.*

### CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY

The undersigned will attend 2010 Scout Expo, which will be held on April 30, May 1-2, 2010 at Beale Air Force Base, California (“Beale AFB”). I am aware that certain risks and dangers may be associated with this event. These risks include, but are not limited to, hazards of an injury to persons and property while on Beale AFB (a place known to contain poisonous snakes, dangerous animals, unexploded ordinances, and other harmful conditions), accident or illness in remote places without medical facilities, and forces of nature. I agree to assume all the risks associated with being on Beale AFB, except in the case of gross negligence, and I agree to not hold the United States of America, the United States Air Force, Beale AFB, any other agency, organization, or sponsor of this event, or their officers, members, agents, or employees, responsible for any harm or injury, from any cause, which may befall me related to or arising from my attendance at 2010 Scout Expo on Beale AFB, participation in activities associated with this event, and any transportation on Beale AFB, and hereby release said entities and persons from any liability relating thereto. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other persons on my behalf, or in their own right, arising out of said attendance, participation, activities, or transportation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I agree that these conditions and agreements are binding on all my heirs, executors, administrators, representatives, assignees, and successors in action.

I have read and understand the above, and willingly agree to said terms and conditions.

NAME \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ Email \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing. Yes \_\_\_\_\_ No \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant’s name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2010 Scout Expo

## PARENT / GUARDIAN PERMISSION

Scouts will be leaving on: \_\_\_\_\_  
 Scouts will be leaving from: \_\_\_\_\_  
 Scouts will be returning on: \_\_\_\_\_  
 Scouts will be returning to: \_\_\_\_\_

The bottom portion of this form must be signed and returned by the deadline shown below for your scout to attend this function. This reservation obligates you for the cost of the trip whether or not your scout participates.

In case you must contact your scout during this trip, **EMERGENCY ONLY**, please call:

(FOR THE PARENT OR GUARDIAN TO TEAR OFF AND KEEP)

### - PERMISSION SLIP -

(I) (We) hereby give my permission for \_\_\_\_\_ to go on a field trip  
**to: participate in 2010 Scout Expo at Beale Air Force Base.**  
 We will leave at: \_\_\_\_\_, time: \_\_\_\_\_

(I) (We) will drive: **YES** \_\_\_\_\_, **NO** \_\_\_\_\_, Number of seat belts: \_\_\_\_\_

### - Medical Consent/Photo Use/Issuance of Firearms -

(I) (We), the undersigned, parent/guardian of \_\_\_\_\_, a minor, do hereby authorize the TROOP ADULT LEADERSHIP as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California. Authorization shall remain effective until unless sooner revoked.

(I) (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

(I) (We) understand that photos and/or videos may be taken during 2010 Scout Expo. I authorize the Golden Empire Council and the Boy Scouts of America to use photographs or videos of my child for promotional materials.

(I) (We) consent that the range instructor of the Golden Empire Council may furnish a BSA firearm/archery equipment to the below minor for the purpose of instruction in the safe handling and shooting of firearms/archery and related activities.

The above named minor has an allergic reaction to: \_\_\_\_\_

The above named minor is taking medication for: \_\_\_\_\_

*Return Deadline Signature of Parent/Guardian and Date*

\_\_\_\_\_  
 \_\_\_\_\_

*Insurance Policy No. or Military ID Card No.*

*Emergency Telephone Number*