

**OUTING PERMISSION FORM
BOY SCOUTS OF AMERICA TROOP 533 MUNSTER, IN.**

_____ has my permission to go on the following outing with Troop 533:
(Participants Name; One per form)

OUTING: Rice Woods Campout
DATES: August 9-10-11, 2019
LOCATION: E 600 N & N 1100 E, Walkerton, IN 46574
COST: \$20.00 (Scout) and \$15.00 (Adult)

During this outing Troop 533 expects to engage in the following activities:
Scputs skills, rank advancement and education

During this outing Troop 533 may take the following side trips:
None planned.

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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 leader 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 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 or activities. I approve of any and all equipment, tools, food and means of transportation used by Troop 533 during the course of this outing.

(Signature of Parent or Guardian)

(Print Name)

(Date)

(Contact Number)

I plan to PARTICIPATE YES _____ NO _____

I will help by providing TRANSPORTATION for Scouts: GOING _____ RETURNING _____ BOTH _____

I can transport _____ TOTAL people in addition to myself. Please indicate all available seats with belt.
We will depart from the Elliott Elementary School on Friday Evening at 5:45 pm and plan to return Sunday at 12 noon.

Special equipment needed: Water bottle and weather appropriate clothing..