

**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: Climb-On

DATE: January 31-February 1st, 2020

LOCATION: 18120 Harwood Avenue, Homewood, IL 60430

COST: \$35.00 per climbing Attendee. 15.00 for non climbers.

During this outing Troop 533 expects to engage in the following activities:

Indoor rock climbing and climbing merit badge requirements.

During this outing Troop 533 may take the following side trips:

None.

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 as a Climber YES ___ as a Non-Climber 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 parking lot at 8:15 pm on Friday. We will wear class B. We plan to return to Elliott Elementary by 10:00 am on Saturday.

Special equipment needed: Ground cover, sleeping bag, pillow, toiletries, water bottle. This is a short overnight trip. Do not over pack. Troop 533 will supply the Friday evening meal.