

Baden Powell Service Association US Adult Medical Release and Liability Waiver

Terms and Conditions:

For purposes of this agreement (also referred to as Contract), the following applies throughout the document in consideration of the use of property, facilities, programs, and/or services of the parties covered in this agreement. The parties covered by this contract applies to the releases, indemnifications and liability waivers in this contract. To the degree any provision in this contract is unenforceable for any reason, all other contract provisions shall remain in effect. The parties covered by this agreement include the below stated companies, programs and organizations as well as ALL PERSONS involved with these entities including, but not limited to, all other participants, volunteers, employees, leaders, officers and agents. The parties covered by this agreement (also referred to as Releasees) include: the Baden-Powell Service Association of the US (BPSA-US) and the BPSA-US Scout Group/Crew/Troop/Pack 7th Trailblazers. This contract is legally binding. The undersigned agrees as follows:

_____ (Initial) Medical Release:

I, _____, do hereby request that I be permitted to participate in the aforementioned Releasees programs during this year 2016-2017 and should the need arise, do hereby authorize and consent to an x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I will not hold liable the parties covered by this agreement for medical aid rendered and will reimburse any person or organization for medical expenses incurred in my care. I will also provide my health insurance coverage information below, which I give permission to be given to the above mentioned immediate supervision of any member of the medical staff and/or emergency room staff.

Insurance Carrier: _____ Policy Number: _____ Group Number: _____

_____ (Initial) Liability Waiver:

I, _____, do hereby consent to participation in the activities sponsored by or associated with the parties covered by the agreement. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH MAY EXPOSE HIM/HER TO CERTAIN RISKS OR INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVEN DEATH. I AM FREELY AND VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AN ALL RISKS OF INJURY AND DEATH.

In consideration of this consent to participate in said programs and activities, I hereby agree, on behalf of myself and my assigns and heirs, to release, defend and hold harmless the parties to this agreement from and against any and all actions, claims, damages (including attorney's fees) of liability arising or resulting from my participation in the activities sponsored by the parties covered by this agreement including without limitation, damage to or destruction of any property or injury or death to any person.

I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASE AND THE TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND MYSELF AND SIGN IT OF MY OWN FREE WILL..

Name: _____

Signature: _____

Date: ____ / ____ / ____