

# Baden Powell Service Association US Youth 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 7<sup>th</sup> Trailblazers. This contract is legally binding. The undersigned agrees as follows:

### \_\_\_\_\_ (Initial) Medical Release:

I (we) the undersigned parent, parents or legal guardian(s) of \_\_\_\_\_, a minor, do hereby request that (s)he 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. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached. 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 the care of my son/daughter. 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 (we) the undersigned parent, parents or legal guardian(s) of \_\_\_\_\_, a minor, do hereby consent to the aforementioned minor's 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 ALLOWING MY SON/DAUGHTER TO PARTICIPATE 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 said minor and his/her 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 his/her 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 ON BEHALF OF SAID MINOR.

Minor's Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_