

TROOP ACTIVITY PERMISSION AND CONSENT TROOP 1699 · FRANKLIN, MICHIGAN

Being the parent or legal guardian of _____ a
Boy Scout and member of Troop 1699, Franklin, Michigan, I do hereby grant my permission and
authorize him to participate in the following activity sponsored by the Troop:

Event: _____ Place: _____
Dates: _____

I understand and agree that this event shall include, but not be limited to, the following activities
and to others relating thereto, and I do grant my permission for my son to participate in such
activities: Hiking, Swimming, Cooking, Games, Fire-building, Tenting, Use of knife & axe, Rec.
Tree Climbing & Others

I do further understand and agree that transportation to and from the activity shall be in private
automobiles voluntarily provided and driven by adults at no cost to my son or myself, and I do
hereby grant my permission for my son to travel in such vehicles so operated by licensed and
independently insured adults.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of
America is an educational organization, membership in which is voluntary, and having full
confidence that every reasonable precaution will be taken to ensure the safety and well-being of
my son during this activity or trip, I hereby agree that I shall hold harmless and free from liability
and legal responsibility the Boy Scouts of America, the Detroit Area Council of BSA, the Franklin
Community Church, Troop 1699 and its leaders, and the supervising and participating adults for
this activity in the event of any accident, injury, or illness incurred by my son as a consequence
of or during participation in said event or the activities conducted thereon, including those
resulting from the following: (1) actions and behavior of my son, acting independently or with
others; (2) actions of other boys participating in the activity or trip; (3) hazards inherent in the
nature of the activities engaged in; (4) actions of any other persons not authorized as Troop
1699 leaders; (5) defects in or misuse of equipment; (6) inclement weather and acts of God; (7)
loss or damage incurred by my son to his personal equipment; or (8) ensuing illness related to
participation in this event.

ADDITIONAL MEDICAL INFORMATION

My spouse or I have previously executed a Medical Emergency Authorization, which remains
valid. Supplemental or current medical data is provided below:

EMERGENCY CONTACT INFORMATION FOR THIS EVENT ONLY

Person: _____ Phone Number: _____

Address where Scout can be take emergency _____

Parent Signature: _____