

PARENTAL INFORMED CONSENT AGREEMENT

Ski Trip 2007

I understand that participation in the “2007 Scouts on Skis at Winterplace” in the Ghent/Flat Top, West Virginia area (“Activity”) offered through the Old Hickory Council and Troop #911 of The Old Hickory Council, BSA, on January 6-7, 2007 involves a certain degree of risk that could result in injury or death including, without limitation, injuries from falls while skiing, snow boarding, or tubing; injuries from collisions with other skiers; accidents incurred while loading, riding, or unloading from ski lifts; risks of accidents in travel to and from the Activity with the potential for winter road conditions; and exposure to adverse weather conditions; and that it is the parent’s/guardian’s responsibility to evaluate the risks of the Activity before giving consent to the participation in the Activity by the scouts named below (“Scout”). The parents and guardians further acknowledge that they have had an adequate opportunity to ask questions and receive information to evaluate the trip and that the parents and guardians may, at their option, attend the trip as an adult leader. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have given my consent for the Scouts named below to participate in the Activity on January 6-7, 2007 and waive all claims against the adult leaders, property owners volunteering property or equipment, the Boy Scouts of America, the Old Hickory Council, Troop 911, the charter organization or the officers, employees, agents or other representatives of any of them, arising out of any accident, illness, injury or other loss or harm incurred in connection with the Activity. In case of emergency, I understand that reasonable efforts will be made to contact me. In the event that I am not reached, I hereby give my permission to the physician selected by an adult leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the Scout.

Name of Scout(s): _____

Name of Scout(s): _____

Signature _____

Parent

Date _____

Signature _____

Guardian (if applicable)

Date _____