



### Authorization & Consent for Minor and Parent Liability

Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned does hereby authorize Henry Allen (Scoutmaster), Brent Dixon, Barbie Dixon, Michael Sorgaard, Bruce Vitek, Charlie Caulfield, Don Schoen, Teresa Russett, or any such substitute as they may designate as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general and special supervision of any physician, surgeon or dentist, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.  \_\_\_\_\_ (Check and Initials)

Further, the undersigned does acknowledge his or her obligation to cover damages or costs incurred as a result of the minor's actions. This includes, but is not limited to, damage (malicious or otherwise) to property as well as injury and/or property damage due to negligence or violation of Local, State, or Federal Law.  \_\_\_\_\_ (Check and Initials)

In addition, during the course of the year, there may be times when shooting or climbing sports or Snows sports occur as part of the Troop activity. Shooting sports (including archery, riflery, and shot-gun) require parental permission in order for a Scout to use or handle any equipment. Climbing sports, including climbing and rappelling, where Scouts may be 6 feet or more off the ground, have inherent risks due to the nature of the sport. Specific permission of parents is also required for this activity. Finally, Snow Sports, such as Snowboarding and Skiing, have risks and some insurance companies restrict the allowed claims in accidents. Scouts are covered under a secondary Insurance policy as part of yearly registration fees. However, we request acknowledgement by the parent of the potential insurance issues. **Shooting Sports Approved:**  \_\_\_\_\_ (Check and Initials); **Climbing Sports Approved:**  \_\_\_\_\_ (Check and Initials); **Snow Sports Approved:**  \_\_\_\_\_ (Check and Initials)

The authorization will remain effective while the above minor is en-route to or from, involved or participating in, all activities of **Troop 199** or any of its patrols, San Francisco Bay Area Council, Boy Scouts of America, unless revoked in writing by the undersigned and delivered to Henry Allen in person. This authorization must be renewed before the first weekend in October of each year.

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note all Special Medical Conditions: (including allergies and medicines routinely taken):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on back if necessary)