

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The Great Smoky Mountain Council (GSMC) has put in place preventative measures to reduce the spread of COVID-19; however, GSMC cannot guarantee that you and/or the minor listed below will not become infected with COVID-19. Precautions cannot fully eliminate the potential for exposure to COVID-19 or any other illness. Persons with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. Further, attendance at Camp Buck Toms and/or Camp Pellissippi could increase the risk of contracting COVID-19. Every Scouting family must evaluate their unique circumstances and make an informed decision before choosing to attend Camp Buck Toms and/or Camp Pellissippi.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

___ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to or infection by COVID-19 by attendance at Camp Buck Toms and/or Camp Pellissippi; and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Buck Toms and/or Camp Pellissippi may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GSMC's employees, volunteers, and program participants and their families.

___ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the Minor listed below (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that may occur in connection with attendance at Camp Buck Toms and/or Camp Pellissippi. I hereby release, covenant not to sue, discharge, and hold harmless GSMC, its employees, agents, volunteers and representatives, of and from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of GSMC, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after attendance at Camp Buck Toms and/or Camp Pellissippi.

___ INITIALS I represent that I have adequate insurance to cover any injury or illness that may occur while attending Camp Buck Toms and/or Camp Pellissippi, or else I agree to bear the costs of such injury or illness myself.

___ INITIALS By signing this document, I agree that if I or the Minor listed below is exposed or infected by COVID-19 during attendance at Camp Buck Toms and/or Camp Pellissippi, then I forever waive my right to maintain a lawsuit against the GSMC, its employees, agents, volunteers and representatives on the basis of any claim for negligence.

___ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that attendance at Camp Buck Toms and/or Camp Pellissippi shall not be allowed if I choose not to sign this document. I have read and understood this document and I agree to be bound by its terms.

___ INITIALS If I have signed a separate general waiver of liability connected to attendance at Camp Buck Toms and/or Camp Pellissippi, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my attendance at Camp Buck Toms and/or Camp Pellissippi. I agree that I will follow all guidelines and regulations provided to me by GSMC.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____

PARENT/GUARDIAN CONSENT AND WAIVER (Must also be completed for participants under the age of 18)

In consideration of _____ (PRINT Minor's name) being permitted to attend Camp Buck Toms and/or Camp Pellissippi, I further agree to indemnify and hold harmless GSMC, its employees, agents, volunteers and representatives from any claims alleging negligence which are brought by or on behalf of Minor or are in any way connected with such attendance by Minor.

Parent/Guardian Signature _____ Print Name _____

Date _____