

**TROOP 413 PERMISSION SLIP/ AUTHORIZATION FOR MEDICAL TREATMENT/  
ASSUMPTION OF RISKS, WAIVER, RELEASE, AND INDEMNIFICATION**

I/We, \_\_\_\_\_, (second) \_\_\_\_\_ am/are the authorized parent(s)/legal guardian(s) of Scout \_\_\_\_\_. I/we hereby authorize Scout \_\_\_\_\_ to participate in Troop 413 activities for Year 2021-2022.

**Authorization for Medical Treatment:** It is my/our understanding that all activities will be conducted in accordance with the Troop 413 Conduct Guidelines. Any of the Troop's adult leaders has my authorization to seek medical treatment for my son in case of illness, injury or accident. I/we hereby give authorization to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection or surgery for my son in accordance with the provisions of California Family Code Section 6910.

**Assumption of Risks:** Participation in the activities of Troop 413, including but not limited to rock climbing, backpacking, swimming, rocket launches, canoeing, shooting sports, bike trips, river rafting, and fishing trips, carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The undersigned parent(s)/guardian(s) hereby understands and acknowledges that inadvertent accidents, misconduct, as well as failure to follow instructions can cause serious injury or death. In order to minimize risks, all leaders' instructions must be followed completely and immediately. I/We have read, discussed with my/our son.

Parent/Guardian Initials \_\_\_\_\_

Secondary Parent/Guardian Initials \_\_\_\_\_

**Waiver, Release, & Indemnification of Liability:** For the purpose and benefit of my/our son Scout \_\_\_\_\_, participation in any Troop 413 activities and in consideration of the time and effort of the voluntary adult leaders of Troop 413, I/we hereby voluntarily agree that under no circumstances whatsoever will myself/we or any member of our family, or any of our heirs, personal representative or assigns, hold liable or make a claim for any accidents, injuries, illnesses, property loss, first aid rendered, treatment, drugs, medicine or surgical procedures incurred by participation in the Troop's activities and do hereby waive, release, discharge, and covenant not to sue the Greater Los Angeles Area Council, Boy Scouts of America, Coast Christian Fellowship, Troop 413 or any of their officers, employees, leaders, volunteers or agents (collectively "Troop 413").

I/we hereby also agree to indemnify and hold Troop 413 harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees and costs brought as a result of my son's involvement in Troop 413 activities and that I/we shall reimburse Troop 413 for any such expenses incurred.

Further, should my/our son Scout \_\_\_\_\_, be alleged by any third party to have undertaken any activity that results in any claim for damage to personal property, injury or death to said third party, the undersigned parent(s)/guardian(s) of \_\_\_\_\_, agree to defend and indemnify Troop 413 from any and all such claims, including but not limited to attorney's fees, costs and settlement or judgment. This complete indemnity will also apply to Troop 413, as against any claims, which may accrue to my/our son \_\_\_\_\_, upon reaching the age of majority or otherwise.

Parent/Guardian Initials \_\_\_\_\_

Secondary Parent/Guardian Initials \_\_\_\_\_

**Agreement & Authorization for Pick-Ups:** As parent(s)/guardian(s), I/we will immediately drive to the noticed location and pick-up my/our son, if the troop leaders so request. As parent(s)/guardian(s), I/we further agree to pick-up my/our son at the designated meeting/activity ending time.

**Severability:** The undersigned parent(s)/guardian(s) expressly agree that the foregoing agreements, assumption of risks, waiver, release, and indemnification are intended to be as all broad and inclusive as permitted by the law of the State of California, in favor of Troop 413. It is further agreed and acknowledged that this agreement shall be severable such that if any portion thereof is held invalid, that the remaining terms shall, notwithstanding, continue in full force and effect.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Scout's Signature \_\_\_\_\_ Date: \_\_\_\_\_