

APPROVAL OF PARENTS OR GUARDIANS

(For Explorers/Venture Crew and guests under 21 years of age, participating in an Explorer Post/Venture Crew trip or activity)

First name and middle initial _____ Last name _____ Birthdate (month/day/year) _____

Address _____

City _____ State _____ ZIP Code _____

Area code and telephone numbers of where parent/guardian can be reached during this event ie. Home, Cell Phone, work etc. _____

Post trip activity _____ Date(s) _____

Parents or guardians must read this statement, before approving application

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Explorer/Ventureer can meet the health and physical fitness requirements of the post/crew trip or activity (Personal Health and Medical Record Form-Class 3, No. 34412A, to be used if required by type of activity).

Water Activities

In the event that the post/crew trip or activity takes place in total or in part on or near water, I certify that this Explorer/Ventureer /guest is (check one):

_____ Non-swimmer _____ beginner swimmer
_____ advanced swimmer _____ BSA lifeguard

All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 7369A, Safety Afloat, No.7368, and/or the Sea *Exploring Manual*, No.3239, as may be appropriate.

Explorer/Ventureer Driver Qualifications

When traveling to an Explorer/Ventureer event under the leadership of an adult (at least 21 years of age) tour leader, an Explorer/Ventureer at least 16 years of age may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

Waiver of Claims

In consideration of the benefits to be derived from participation in this post/crew trip or activity, any and all claims against the Boy Scouts of America or its local councils, Explorer post / Venture Crew, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or

other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the post/crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians. Such activities may include riding in powerboats, water skiing and tubing behind such boat. Please state on back of form any restrictions you may have for the youth participant. Such activities can include riding in powerboats, water skiing and tubing behind such boats. Please state on back of form any restrictions for the youth participant.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this post/crew trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____

Policy no. _____

Personal Physician _____

Telephone: _____

Approval

Signature: _____

Date: _____

Relation _____