

PARENT OR GUARDIAN PERMISSION
(FOR SEA SCOUTS AND GUEST, UNDER 21 YEARS OF AGE
PARTICIPATING IN A SCOUT SHIP TRIP OR ACTIVITY)

_____ has my permission to participate in

_____ on _____
(Activity or Trip) (Date)

In consideration of the benefits to be derived from participating in the Ship 1009 Trip or Activity, any and all claims against the Boy Scouts of America or its local councils, Sea Scout Ship 1009, Chartered Partner, and of the officers, employees, agents or other representatives of any of them, or any persons working under their direction or engaged in the conduct of their affairs, arising out of any incident, illness, injury, damage or other loss or harm to/on incurred or suffered by the applicant named above or his or her property, in connection with or incidental to the Ship 1009 trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

In the event of illness or injury occurring to my son or daughter while involved in this Ship 1009 trip or activity, I consent to x-ray examination, anesthesia, medical, or surgical procedures or treatment considered necessary in the best judgment 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.

Health/Accident Insurance _____ Policy # _____

Personal Physician _____ Telephone # () _____

Signature _____ Date _____
(Parent or Guardian)

Phone numbers where I can be reached during the time of this activity:

() _____ or () _____