



TROOP 58 EVENT PERMISSION SLIP

Activity: Santa Clarita River Rally

Drop off Time: 8:00 am (promptly) **Date:** Saturday, September 21, 2013 **Place:** Newhall Community Center

Pickup Time: 10:30 am **Date:** Saturday, September 21, 2013 **Place:** Newhall Community Center

Come help clean a portion of the Santa Clara River... the longest free-flowing river and one of the last two natural river systems remaining in Southern California. Be a part of the solution for a better environment by helping to preserve the river's natural beauty and variety of wildlife. Participants will be provided with gloves, collection bags, and refreshments.

Visit the Environmental Expo, with over 20 vendors, to learn about recycling, air quality, pollution prevention, water quality, open space preservation, wildlife conservation, and much more!

Volunteers should wear sturdy shoes (NO SANDALS), appropriate clothing for walking in the riverbed, sunscreen, and a hat.

Any questions, please contact Victoria Cashin (661) 513-9505 Emergency Contact: Robyn Fennessy (661) 297-6188

------(CUT OFF BOTTOM PORTION AND TURN IN)-----;

Scout Participation & Adult Participation

Scout's Last Name: _____ **Scout's/Adult's First Name:** _____

Patrol: _____ **Emergency Telephone #** _____

Is it necessary to restrict the scout's activities for medical reasons? (Circle one) **Yes** **No**

If yes, please explain.

Does the scout take medications or require special care (circle) **Yes** **No**

If yes, please explain:

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

Parent or Guardian's Signature: _____ **Date:** _____

Permission Slip due by Monday 9/16/2013

TROOP 58 EVENT PERMISSION SLIP

