



2021 TUSCARORA COUNCIL, BSA - CAMP TUSCARORA CUB SCOUT ACTIVITY CONTROL FORM & WAIVER

Please print in ink. **All participants** in attendance/on camp during Cub Scout events **must** have a completed & signed form, both **youth AND adults.**)

Youth's/Adult's Name _____ **Date of Birth** _____
(Please circle above to indicate whether participant is a youth or an adult)

Email Address _____ **Pack Number** _____

Street Address _____

City, State, Zip _____

If Participant is a Youth, List Name of parent(s) or guardian(s) _____

Telephone (Day) _____ **(Evening)** _____

Emergency Contact Name _____

Relationship to Participant _____

Emerg. Contact Phone _____ **Contact's Email** _____

YOUTH PARTICIPANTS - Potentially Hazardous Activities: (If preparing this waiver for a youth participant, please check those you consent for your minor child to participate in)

☐ **All Activities** ☐ Archery ☐ Boating ☐ Camping ☐ Slingshot Shooting ☐ Swimming
☐ BB Shooting ☐ BMX ☐ Skateboarding ☐ Sports Activities ☐ Waterslide

ADULT PARTICIPANTS - Potentially Hazardous Activities: (If you are an adult participant completing this form, please check those you will be participating in)

☐ **All Activities** ☐ Boating ☐ Camping ☐ Sports Activities ☐ Swimming ☐ Waterslide

WAIVER OF CLAIMS – HOLD HARMLESS AGREEMENT

In consideration of the benefits to be derived from participation in the activities of the Boy Scouts of America at Camp Tuscarora, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for _____, (myself/ my son/ my daughter), to participate in the activities I have indicated above, and all claims I or we may have against the Boy Scouts of America, the Tuscarora Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with these activities are hereby expressly waived by the participant and the participant's family or guardians.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that participation in these activities, including preliminary training and travel, is entirely voluntary. I release the Boy Scouts of America, the Tuscarora Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with these activities from any and all claims or liability arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the participant named above or to his or her property out of this participation.

I certify that I (or my son or daughter) as a participant can meet the health and physical fitness requirements of the selected activities.

In case of emergency involving my child, I understand that every effort will be made to contact me. If I cannot be contacted, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above:

PARTICIPANT SIGNATURE: _____ **DATE:** _____
(If participant is an adult)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____
(If participant is a youth)

WITNESS SIGNATURE: _____ **DATE SIGNED:** _____