

YOUTH PERMISSION FORM

Firearms, Treat, Activity, Release of Minor, Photo

The following signatures are required for Scouts to fully participate.

PERMISSION TO TREAT

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature of parent/guardian or adult _____ Date _____

PARENTAL FIREARMS PERMISSION AND RELEASE

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your son will not be allowed on the shooting range without the following signed release. If you do not wish your son to participate in shooting activities please write "NO PERMISSION".

MINOR'S NAME (Please print) _____

I (Please print) _____ The Parent _____ Legal Guardian _____ of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council, and to instructors certified by the Western Los Angeles County Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm, BB Gun, Air Rifle, Pellet Gun, or 002 Gun, and Ammunition to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, Western Los Angeles County Council and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named minor occurring during the course of said instruction.

Date Permission Granted: From _____ To _____

Signed: _____ The Parent _____ Legal Guardian _____

Print full name: _____ Date: _____

Please turn the page over for more permission signatures

RELEASE OF MINOR

I, the parent or guardian of _____, troop number _____,
(Name of Camper/Staff)
authorize WLACC to release my son to _____
(Name of individual picking up Scout)
on _____ at _____. The aforementioned individual will provide all transportation
(Date) (Time)
from WLACC at no cost to the camp or Western Los Angeles County Council.

Reason for Departure: _____

Signature of Parent or Guardian: _____ Date: _____

PHOTO (TALENT) RELEASE

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or sound recordings made during my Scouts visit to any WLACC, BSA activity. I hereby release the Boy Scouts of America, and the Western Los Angeles County Council from any and all liability from such use and promotion. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, Western Los Angeles County Council. I specifically waive any right to any compensation I may have for any of the foregoing.

Signature of Parent or Guardian: _____ Date: _____

CONSENT TO FULL PROGRAM

Western Los Angeles County Council Summer Camp programs may include some or all of the following activities: horseback riding, archery, swimming, boating, sailing, hiking, mountain biking, crafts, use of knife and ax, rock climbing, rappelling, team sports, and other activities. Your signature below will grant consent for the above named youth to participate in any of the above activities at camp. Please check one of the options and state any limitations:

Consent to full program Consent to program with the following limitations/exclusions:

Signature of parent/guardian _____ Date _____