



**Venture Crew 1717
Hartwood, Va 22406
540-752-0743**



PARENTAL INFORMED CONSENT AND HOLD-HARMLESS/RELEASE AGREEMENT

To all who shall see these presents, I agree to my participation or the participation of my son/daughter identified below in all Venturing Crew 1717 activities during the period _____ through _____.

I understand that Venturing promotes high adventure activities that may place participants in both physically and mentally challenging situations. I further understand that participation in high adventure activities (mountaineering, hiking, backpacking, cave exploration, watercraft, shooting sports, cycling, canoe, scuba, winter sports, etc.) involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risks involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to insure the safety and well-being of my son/daughter, I give _____ (name of son/daughter if minor) my consent to participate in Venturing Crew 1717 activities, and waive all claims I may have against Boy Scouts of America, National Capital Area Council, Cameron United Methodist Church, all employees, volunteers, or sponsors associated with those organizations and Venturing Crew activities.

I further understand that adult leaders/advisors will insure proper safety procedures are practiced in accordance with BSA Guide To Safe Scouting and other applicable safety guidelines and/or procedures, but that those procedures in and of themselves do not insure my child's safety. In the event I object to my minor child's participation in any high adventure activity, I will notify in writing the adult leader/advisor in charge.

In case of emergency, I understand every effort will be made to contact me. In the event I can not be reached, 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.

Signature _____

Date _____