

Waiver of Responsibility

Troop 860 Boy Scouts of America
Sponsor: Woodlake United Methodist Church

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ward(s), namely:

_____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop 860.

Activity: Antietam Battlefield NPS Site

Date(s): December 5-7, 2008

Cost: \$20.00

Signature of parent or guardian: _____ Date: _____

Printed name of parent or guardian: _____

EMERGENCY INFORMATION: On record. Update if required: _____

Fees paid: _____

Number of adult participants: _____

PARENTS: Total number of passengers + driver I will take to: _____ and from: _____

Driver: _____

Vehicle (make/year): _____

Ins. Co.: _____

DL Number: _____

(CUT)-----(CUT)

Please detach and retain this section.

Troop 860 Activity

Activity: Antietam Battlefield NPS Site

Date(s): December 5-7, 2008

Time leaving: 5:00PM **Location:** WAFC

Time returning: 3:00PM **Location:** WAFC

Cost: \$20.00

Adult Leader: Beuglass/Martin **Phone Number:** 539-3104

Check www.troop860.org for additional information.