

## Parent/Guardian Agreement and Medical Release

I/We herby grant permission for my/our son(s)/ward(s) \_\_\_\_\_  
(Name of Scout)

and \_\_\_\_\_, to  
(Name of Scout)

participate in the caving and camping trip to Rockcastle County, KY, February 12-14, 2010.

In consideration of the benefits to be derived thereby and having full confidence that every reasonable precaution will be taken to assure his/their safety and well being during the activity/trip, I/we voluntarily waive all claims against the leaders of this activity/trip, officers, agents, and representatives of Boy Scout Troop 6 and the Boy Scouts of America.

I/we further give my/our permission for emergency medical assistance. Our son's physician is \_\_\_\_\_  
\_\_\_\_\_ and may be reached at phone # \_\_\_\_\_ in the event of an emergency.

I/we may be contacted at \_\_\_\_\_, or \_\_\_\_\_ or \_\_\_\_\_

Is he/they in good physical condition, with no serious illness or operation since his last health exam? **YES NO**

Is he/they currently taking medication? **YES NO** Please specify: \_\_\_\_\_  
\_\_\_\_\_

Doe he/they have chronic or ongoing medical conditions of which the leaders should be aware? (Such as allergies, diabetes, asthma, contact lenses, etc.) Please specify: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Medical insurance Coverage: \_\_\_\_\_

Contract/policy # \_\_\_\_\_

Please see Risks Specific to this Activity/Trip on next page.

X \_\_\_\_\_ X \_\_\_\_\_  
(Signature of Parent/Guardian) (Signature of Parent/Guardian)

Date: \_\_\_\_\_

Please note: At least one parent/ guardian must sign and date this form (a single signature, however, binds both parents/guardians). Each Scout must sign below, as well. A new form is required for each activity/trip. The form must be received prior to each activity/trip or participation will not be permitted.

Permission is granted to any emergency room physician to treat our child(ren)/ward(s) prior to contacting the physician of our child(ren)/ward(s). \_\_\_\_\_ **YES.** \_\_\_\_\_ **NO,** Consult our physician first.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)

Scout(s): I agree to conduct myself in a responsible manner and in accord with the principles of Scouting during this activity/trip.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Scout)

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Scout)

# Rockcastle County Caving and Camping Trip

## Risks Specific to this Activity/Trip

This is a mid-winter wild cave trip that may involve cold outdoor temperatures. The caves are mapped but are not sign posted. The caves do not have lights and are completely dark. We plan to cave both days. We will campout both nights regardless of the weather so Scouts should be prepared to ward off hypothermia with adequate rain gear, sturdy footwear and warm clothing. They should have all of the listed personal protective caving gear.

Check # \_\_\_\_\_ Cash received\$ \_\_\_\_\_ Acct \_\_\_\_\_ No. \_\_\_\_\_

Fee is \$25

Name _____	Age _____	\$ _____
Name _____	Age _____	\$ _____
Name _____	Age _____	\$ _____
Name _____	Age _____	\$ _____
	TOTAL	\$ _____

Questions? Call Larry Suer 731-0769

Liability Insurance Driver information  
Must be filled out by all those driving on the trip

Coverage in thousands

_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Year	Make	Model	Driver Lic. #	No. seat belts			