

FALL 2018 MERIT BADGE UNIVERSITY/ UNIVERSITY OF SCOUTING
PARTICIPATION/WAIVER FORM

UNIVERSITY OF COLORADO AT BOULDER, NOVEMBER 3, 2018
LONGS PEAK COUNCIL, B.S.A.

Scout Name: _____

Troop/Crew# _____

SCOUTMASTERS: SUBMIT ORIGINALS ON DAY OF MERIT BADGE UNIVERSITY

**NOTE: THIS IS A LEGAL DOCUMENT, SIGNATURES REQUIRED FOR ALL PARTICIPANTS, AND BY PARENTS OF PARTICIPANTS UNDER AGE 18.
THIS DOCUMENT WITH ORIGINAL SIGNATURES MUST BE SUBMITTED WITH REGISTRATION MATERIALS.**

ACKNOWLEDGMENT OF RISK Participants and parents/guardians of participants under age 18 acknowledge and understand that certain risks and hazards may be present when participating in courses and activities of this event. These may include but are not limited to injuries, illness or death, or property damage and/or loss, incurred while working with hazardous chemicals or materials, animals, model rockets, swimming, bicycling, rock climbing, rappelling, SCUBA diving, skating or other strenuous/hazardous activities, etc. I certify that I am aware of the nature and type of classes that I and/or my child are registered for, and in consideration of the benefits of such activities, acknowledge and accept the potential for such risks, as well as agreeing to the conditions for participation in terms listed hereafter.

PARTICIPATION AUTHORIZATION, INFORMED CONSENT, RELEASE OF LIABILITY, AND MEDICAL TREATMENT CONSENT * I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE NATURE AND SCOPE OF THE EVENT AS PROPOSED ABOVE, AND FURTHER UNDERSTAND THE POTENTIAL RISKS INHERENT IN SUCH ACTIVITIES AND PARTICIPATION AS DESCRIBED ABOVE, AND/OR IN MEETINGS WITH ADULT LEADERS. I THEREFORE AGREE TO AND ACCEPT THE RULES AND GUIDELINES AND TO FURNISH AND WEAR OR USE ANY REQUIRED SAFETY EQUIPMENT SPECIFIED OR SUGGESTED FOR PARTICIPATION IN THE ACTIVITY AS DESCRIBED ABOVE. **(FOR SCOUT OR VENTURING YOUTH UNDER AGE 18, PARENTAL/GUARDIAN CONSENT REQUIRED AS FOLLOWS):** I AUTHORIZE PARTICIPATION BY MY CHILD IN THE ACTIVITY DESCRIBED ABOVE, AND CONSENT TO SUPERVISION OF MY CHILD BY ADULT ADVISORS/LEADERS DURING THIS EVENT. I UNDERSTAND THAT NORMAL SCOUTING SAFETY PROCEDURES AND LEADERSHIP GUIDELINES WILL BE IMPLEMENTED DURING THIS ACTIVITY. I FURTHER RECOGNIZE THAT CERTAIN RISKS MAY BE INHERENT IN THE CONDUCT AND PARTICIPATION IN THIS ACTIVITY WHICH MAY BE BEYOND THE CONTROL OF ADULT LEADERS AND/OR ACTIVITY SPONSORS. I FURTHER CERTIFY THAT I AND/OR MY CHILD IS/ARE MEDICALLY AND PHYSICALLY CAPABLE OF PARTICIPATION IN THIS EVENT AND IS/ARE MEDICALLY CLEARED BY A PHYSICIAN FOR PARTICIPATION IN SUCH ACTIVITIES. IN RECOGNITION OF THE BENEFITS DERIVED BY MYSELF AND/OR MY CHILD, AND IN THE EVENT OF ANY ACCIDENT RESULTING IN INJURY, ILLNESS, DISABILITY, OR DEATH, OR PROPERTY LOSS OR DAMAGE, WHICH MIGHT OCCUR TO MYSELF AND/OR MY CHILD, WHILE TRAVELING TO OR FROM, OR DURING THE CONDUCT OF, THIS EVENT, I AGREE TO INDEMNIFY, AGREE NOT TO SUE, AND AGREE TO HOLD HARMLESS, THE LONGS PEAK COUNCIL BOY SCOUTS OF AMERICA, VENTURING CREW 492 AND ALPHA PHI OMEGA, NATIONAL SERVICE FRATERNITY; THE REGENTS OF THE UNIVERSITY OF COLORADO, A BODY CORPORATE; EVENT SPONSORS, INSTRUCTORS, ADVISORS, LEADERS, OTHER EVENT PARTICIPANTS, AND ANY OR ALL AGENTS, EMPLOYEES, REPRESENTATIVES (OR THEIR EXECUTORS OR HEIRS) ACTING ON BEHALF OF SUCH ORGANIZATIONS OR INDIVIDUALS, FROM ALL CLAIMS DAMAGES, LOSSES, INJURIES AND EXPENSES ARISING OUT OF OR RESULTING FROM PARTICIPATION IN THESE ACTIVITIES. I FURTHER AGREE TO RELEASE, AQUIT AND COVENANT NOT TO SUE THE AFORESAID PARTIES, INCLUDING THE DRIVERS OF VEHICLES TRANSPORTING MY CHILD FOR ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR DAMAGES, DAMAGES IN LAW OR REMEDIES IN EQUITY OF WHATEVER KIND, INCLUDING THE NEGLIGENCE OF THE AFORESAID PARTIES. I AGREE THE SITE OF ANY LAWSUIT AND THE LAW GOVERNING ANY SUCH LAWSUIT SHALL BE COLORADO AND GOVERNED BY COLORADO LAW. THE TERMS OF THIS AGREEMENT SHALL CONTINUE AND BE IN EFFECT AFTER THE ACTIVITY HAS ENDED. AS LIQUIDATED DAMAGES, I HEREBY AGREE THAT IF VENTURING CREW 492 AND ALPHA PHI OMEGA, NATIONAL SERVICE FRATERNITY, THE LONGS PEAK COUNCIL, BOY SCOUTS OF AMERICA, THE REGENTS OF THE UNIVERSITY OF COLORADO, A BODY CORPORATE; OR ANY OF THE INDIVIDUALS OR ORGANIZATIONS NAMED HEREON. IS FORCED TO DEFEND ANY ACTION, LAWSUIT OR LITIGATION INITIATED BY MYSELF MY EXECUTORS, OR MY HEIRS, ON MY FAMILY'S OR MY BEHALF, I AND/OR MY HEIRS OR EXECUTORS AGREE TO PAY THE BOY SCOUTS OF AMERICA AND ANY OR ALL SUCH ORGANIZATIONS OR INDIVIDUALS NAMED HEREON, ANY COSTS AND ATTORNEY'S FEES INCURRED IF THEY SUCCESSFULLY DEFEND SUCH ACTION, LAWSUIT, OR LITIGATION.

***MEDICAL TREATMENT CONSENT:** IN THE EVENT OF INJURY OR ILLNESS TO MYSELF AND/OR MY CHILD, I CONSENT TO ADMINISTRATION OF SUCH FIRST AID MEASURES AS MAY BE DETERMINED NECESSARY BY ACTIVITY LEADERS, AND IF DETERMINED NECESSARY, I FURTHER CONSENT TO TRANSPORT BY GROUND OR AIR AMBULANCE AND/OR REFERRAL TO PHYSICIANS AND ADMISSION TO HOSPITALS. I FURTHER CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MYSELF AND/OR MY CHILD IF DETERMINED NECESSARY, INCLUDING BUT NOT LIMITED TO, ANAESTHESIA, INJECTION, SURGERY, X-RAY, AND MEDICATION, IF I CANNOT BE CONTACTED IMMEDIATELY FOR SUCH CONSENT. I UNDERSTAND THAT REASONABLE EFFORTS WILL BE MADE TO CONTACT ME IN SUCH CASES. PHONE NUMBER WHERE I CAN BE REACHED DURING THIS EVENT IS LISTED BEL PARENTS AND PARTICIPANTS SIGNATURES **(REQUIRED)**:

SIGNATURES REQUIRED I/WE HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE INFORMED CONSENT, WAIVER OF LIABILITY, AND MEDICAL CONSENT ABOVE AND AGREE TO THE TERMS AS STATED HEREON, WITHOUT RESERVATION. I/WE CERTIFY THAT THE UNDERSIGNED IS/ARE THE LEGAL PARENT(S)/GUARDIAN(S) OF THE BELOW NAMED MINOR CHILD AND AM/ARE EMPOWERED TO LEGALLY CONSENT TO THE TERMS OF THIS DOCUMENT. WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ 20____, AT _____ COLORADO, U.S.A.

X_____

SIGNATURE OF PARTICIPANT _____ PRINT NAME OF PARTICIPANT _____

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) REQUIRED FOR PARTICIPANTS UNDER AGE 18 **[ALL PARENTS/GUARDIANS HAVING LEGAL CUSTODY OF MINOR CHILD REQUIRED]**

X(1)_____ X_(2)_____

PRINT PARENT(S)/GUARDIAN(S) NAME(S) _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

TROOP/PACK/CREW UNIT NUMBER _____ UNIT SPONSORED BY _____

UNIT LEADER NAME _____ PHONE _____ ADDRESS _____

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT CONTACTED: _____ PHONE _____