

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante _____ Middle initial / Inicial del segundo nombre _____ Last name / Apellido _____

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) _____ / _____ / _____ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____
 City / Ciudad _____ State / Estado _____ Zip / Código postal _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Swimming pool activities From 03/08/17 to 03/08/17
 Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) De (Date) (fecha) a (Date) (fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transporte hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este documento eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: Ninguna

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) _____

Contact the adult leader with any questions: / Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Gary Grande Phone 401-647-2634 Email Hama888@verizon.net
 Nombre Teléfono Correo electrónico



BOY SCOUTS OF AMERICA®



Healthtrax® Fitness & Wellness

MINOR WAIVER AND RELEASE OF LIABILITY

Minor Participant's Full Name and address (Print) _____

Minor Participant's Full Name and address (Print) _____

Minor Participant's Full Name and address (Print) _____

In consideration of being allowed to participate in any way, enter upon, use/or engage in activities, programs, and related events and activities at _____ (Insert Center), the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s), will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise a representative of the Center of such condition and refuse to participate.

2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseen at this time.

3. ASSUMES ALL OF THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.

4. INDEMNIFIES AND HOLDS HARMLESS, RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Center, Healthtrax, Inc., their respective administrators, directors, agents, and other employees of the organization, other participants, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next-of-kin for any and ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND WE HEREBY SIGN IT VOLUNTARILY.

Parent or Guardian's Name and address (Print) _____

Parent or Guardian's Phone: Home: _____, Cell _____

Parent or Guardian's Email Address: _____

Parent or Guardian (Signature/Relation) Date