

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.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) _____
 From / De _____ (Date) / (fecha) _____ to / a _____ (Date) / (fecha) _____

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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.

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.

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.

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.

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.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto 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.

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.

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.

List participant restrictions, if any: _____
 None

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 / Nombre _____ Phone / Teléfono _____ Email / Correo electrónico _____



BOY SCOUTS OF AMERICA®



Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The Great Smoky Mountain Council (GSMC) has put in place preventative measures to reduce the spread of COVID-19; however, GSMC cannot guarantee that you and/or the minor listed below will not become infected with COVID-19. Precautions cannot fully eliminate the potential for exposure to COVID-19 or any other illness. Persons with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. Further, attendance at Camp Buck Toms and/or Camp Pellissippi could increase the risk of contracting COVID-19. Every Scouting family must evaluate their unique circumstances and make an informed decision before choosing to attend Camp Buck Toms and/or Camp Pellissippi.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to or infection by COVID-19 by attendance at Camp Buck Toms and/or Camp Pellissippi; and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Buck Toms and/or Camp Pellissippi may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GSMC's employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the Minor listed below (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that may occur in connection with attendance at Camp Buck Toms and/or Camp Pellissippi. I hereby release, covenant not to sue, discharge, and hold harmless GSMC, its employees, agents, volunteers and representatives, of and from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of GSMC, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after attendance at Camp Buck Toms and/or Camp Pellissippi.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness that may occur while attending Camp Buck Toms and/or Camp Pellissippi, or else I agree to bear the costs of such injury or illness myself.

____ INITIALS By signing this document, I agree that if I or the Minor listed below is exposed or infected by COVID-19 during attendance at Camp Buck Toms and/or Camp Pellissippi, then I forever waive my right to maintain a lawsuit against the GSMC, its employees, agents, volunteers and representatives on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that attendance at Camp Buck Toms and/or Camp Pellissippi shall not be allowed if I choose not to sign this document. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected to attendance at Camp Buck Toms and/or Camp Pellissippi, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my attendance at Camp Buck Toms and/or Camp Pellissippi. I agree that I will follow all guidelines and regulations provided to me by GSMC.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____

PARENT/GUARDIAN CONSENT AND WAIVER (Must also be completed for participants under the age of 18)

In consideration of _____ (PRINT Minor's name) being permitted to attend Camp Buck Toms and/or Camp Pellissippi, I further agree to indemnify and hold harmless GSMC, its employees, agents, volunteers and representatives from any claims alleging negligence which are brought by or on behalf of Minor or are in any way connected with such attendance by Minor.

Parent/Guardian Signature _____ Print Name _____

Date _____