

SPOOK-O-REE

NON SCOUT PERMISSION FORM

_____ (Please print name[s]) has my permission to participate in Spook-o-ree. The Boy Scouts of America, their representatives, all and any parent volunteers, are not responsible for their safety, although all involved will use their reasonable judgment to insure their safety. In case of an emergency (and in the event that a parent/guardian cannot be reached) I give my permission for my child to be treated at the nearest medical facility.

I, the undersigned, understand that activities planned for this event carry the risk of personal injury. I agree that the organizers and sponsors of this event have made careful plans to ensure everyone's safety, but they are not responsible for my child's safety while participating in this event. I certify that my child is fully capable of participating. I acknowledge that I have read this waiver in its entirety, that I understand it and that I agree to be legally bound by its terms.

Parent/Guardian – Please print: _____

Parent Guardian – Signature: _____

Address: _____

Contact Information:

Primary Phone: _____

Secondary Phone: _____

Alternate Contact Name/Phone: _____