

APPROVAL OF PARENTS OR GUARDIANS

(For Venturers and guests under 21 years of age, participating in a Venturing crew trip or activity)

First name and middle initial	Last name	
Address	Birthdate (month/day/year)	
Additional address (need street address if you have a P.O. box)		
City	State	Zip Code
()	()	
Area code and telephone no. (parent's business)	Area code and telephone no. (home)	
Crew trip activity	on	Date(s)

Parents or guardians must read this statement, before approving application

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Venturer can meet the health and physical fitness requirements of the crew trip or activity (Personal Health and Medical Record Form—Class 3, No. 34412, to be used if required by type of activity).

Water Activities

In the event that the crew trip or activity takes place in total or in part on or near water, I certify that this Venturer/guest is (check one):

- nonswimmer beginner swimmer
 advanced swimmer BSA lifeguard

All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370, Safety Afloat, No. 34159, and/or the *Sea Scout Manual*, No. 33239, as may be appropriate.

Venturer Driver Qualifications

When traveling to a Venturing event under the leadership of an adult (at least 21 years of age) tour leader, a Venturer at least 16 years of age may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

Waiver of Claims

In consideration of the benefits to be derived from participation in this crew trip or activity, any and all claims against the Boy Scouts of America or its local councils, Venturing crew, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this crew trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____

Policy no. _____

Personal physician _____

Telephone no. (_____) _____

Approval

Signature _____ Date _____
Father/guardian

Signature _____ Date _____
Mother/guardian

For Use By Notary Public If Required

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn to before me on this the

_____ day of _____, 20____.

My commission expires _____, 20____.

Signature of notary public _____

Subscribed and sworn to before me on this the

_____ day of _____, 20____.

My commission expires _____, 20____.

Signature of notary public _____