

TROOP 278
ANNUAL PERMISSION AND RELEASE OF LIABILITY

I, _____ (print name of parent or guardian) referred to herein as PARENT, am the parent or legal guardian of _____ (print name of Scout) referred to herein as SCOUT, a minor, and acknowledge and agree that Troop 278 of the Chickasaw Council of the Boy Scouts of America (the "Troop") shall, from time to time during the period commencing upon the execution hereof and ending on December 31 of the following calendar year (the "Term"), organize various activities including day trips, service projects or overnight camping trips (the "Activities").

The SCOUT has permission of PARENT to participate in all Activities during the Term. I further agree that the duly appointed Scoutmaster of the Troop or any Assistant Scoutmaster of the Troop, and all adult leaders and chaperons participating in the Activities are herewith given, during the Term, the following authority: (i) to consent to any medical treatment that may be required by the SCOUT in the place and stead of and with the same authority as the PARENT, (ii) to allow for the dispensing of any non-prescription medication (other than those as may be set forth on a list attached hereto by the PARENT) as may be advisable in their reasonable judgment, (iii) to the dispensing of any medication as prescribed by a registered medical doctor or nurse practitioner during the Activities, and (iv) to sign as parent or guardian, in the place and stead of and with the same authority as, the PARENT, any release of liability or agreement that may be required for participation in the Activities. Further, I agree to be responsible for the payment or repayment of any necessary medical expenses and or supplies, and any travel or transportation expenses necessary to transport my child home or to another location of my choice in the event of any medical emergency or other unforeseen circumstance.

In consideration of the services they will perform, the Chartered Organization of the Troop, the Troop, the Scoutmaster, all Assistant Scoutmasters, the adult leaders and chaperons participating in the Activities, are each individually and collectively released, discharged and held harmless from liability for all reasonable actions taken in good faith during the Activities.

DATE: _____ SIGNED: _____

COUNTY OF SHELBY
STATE OF TENNESSEE

Sworn to and subscribed before me this ___ day of _____, _____.

Notary Public
My Commission Expires: _____