BOY SCOUTS OF AMERICA®
SABATTIS ADVENTURE CAMP

Sabattis Adventure Camp
Off Property Activity Consent Form

This form is required for unit use to obtain approval and consent for Scouts under 18 years of age to participate in off property activities lead by staff members of Sabattis Adventure Camp. This form is required to be completed and each activity initialed by the parent/guardian to participate in each respective activity. It is recommended that parents keep a copy of the form and contact the camp director in the event of any questions or in case emergency contact is needed.

Initial next to the event(s) you are allowing the Scout to participate in.

Permission		Any restrictions (Please explain)
____	Adirondack Museum	_____
____	Charley's Mountain Hike	_____
____	Charley's Mountain Overnight	_____
____	Lake Lila Bike Tour	_____
____	Long Lake Float Plane	_____
____	Sabattis Station Bike Tour	_____

_____ _____ _____ _____/_____/_____
Scout's First Name Middle Initial Last name Birth date (month/day/year)

_____ _____ _____ _____ _____
Address City State Zip Council Troop #

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

Participant's name _____

Participant's signature_____ Date _____

Parent/guardian printed name _____

Parent/guardian signature_____ Date _____

Contact us below with any questions:

Camp Director
518-554-4240 (camp)

Asst Scout Executive
Bob Morris
973-765-9322 x223

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Prepared. For Life.™