



**BOY SCOUT TROOP 343**  
**2012 ANNUAL INFORMATION, PERMISSION & RELEASE FORM**  
**(Adult Version)**

Valid from January 1, 2012 to December 31, 2012, including any outing  
that begins during that time period and continues beyond that time period

**1. Adult Information:**

Adult's full/legal name: \_\_\_\_\_  
Preferred name (if different): \_\_\_\_\_ Tee-Shirt Size: AS, AM, AL, AXL, A2XL, A3XL  
Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Age: \_\_\_\_\_  
Home/Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

**2. Family Information:**

Spouse's Name: \_\_\_\_\_  
S – e-mail: \_\_\_\_\_  
S – cell phone: \_\_\_\_\_  
S – work phone: \_\_\_\_\_  
Primary family/home phone: \_\_\_\_\_

**3. Emergency Contact Information:**

In the event your spouse cannot be reached at any of the numbers above, please provide two emergency contacts.  
List name, relationship and phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_

**4. Medical Information and Limitations:** I agree that the troop is relying on and is authorized by me to use the medical information provided by me and by my physician on the BSA Medical Form for all troop activities unless and until I update the BSA Medical Form. I have provided all medical information on the BSA Medical Form and have attached a copy of my health insurance card (front and back), including all prescription, medical, dental and other relevant insurance cards to the BSA Medical Form. I agree to supplement this Annual Form with updated medical and insurance information if such information changes. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided on the BSA Medical Form is accurate at this date and will, to the best of my knowledge, remain in force for me during the calendar year 2012, including any outing that begins during that time period and continues beyond that time period. I agree that I may need to travel home at my expense should I become ill or if deemed necessary by the adult leader in charge.

**5. Surgical Waiver and Emergency Treatment:** In the event of medical emergency and I am unable to speak for myself, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection, appropriate testing or surgery for me. I understand the adult leader in charge will make reasonable efforts to contact my spouse or my emergency contacts (using the phone numbers above) before taking any such action, if possible.

**6. Assumption of Risk.** My participation in any scouting activities conducted by Boy Scout Troop 343 during the 2012 calendar year, including any outing that begins during that time period and continues beyond that time period, is an assumption of the risks associated with such activities.

**7. Activities.** I understand that my participation in scouting activities involves a certain degree of risk, including the risk of serious illness, injury, and death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that Troop 343 and the Boy Scouts of America is an organization in which membership is voluntary, I hereby assume the full risk for the participation in Troop 343 activities during the calendar year 2012, including any outing that begins during that time period and continues beyond that time period,

and waive all claims against the volunteer leaders of Troop 343 and the Boy Scouts of America. Troop activities may include, but are not limited to, backpacking, mountain climbing, rope courses, mountain and road bicycling, hiking, camping, lock-ins, games, camporees, snow skiing, cross country snow skiing, snowboarding, snowshoeing, skating, ice-skating, swimming, snorkeling, scuba diving, river and lake canoeing, kayaking, boating, white-water rafting, water skiing, sailing, horseback riding, rock climbing, rappelling, running, caving, zip-lining, winter activities, dog sledding, fishing, ice-fishing, snow shelter building, being a passenger in a commercial or non-commercial vehicle, operation of and riding in water craft (including kayaks, canoes and motor boats), exposure to the elements, wild animals, cooking, boating, swimming, miniature golf, hayrides, service projects, paintball, the annual week at a BSA summer camp, the annual Troop 343 "High Adventure Outing" and other similar expeditions and activities.

**8. Waiver and Release.** I waive and release Boy Scout Troop 343, Talakto District, Greater Alabama Council, the Boy Scouts of America, and any employee, volunteer, or agent of same for any from any liability, whether known or unknown, for any illness or injury I may sustain during activities, outings or events, as well as property damage and expenses, of any nature whatsoever, even though such liability may arise out of the negligence or carelessness on the part of persons or organizations mentioned above or by me. I further agree to hold harmless and indemnify Boy Scout Troop 343, Talakto District, Greater Alabama Council, the Boy Scouts of America, and any employee, volunteer, or agent of same, for any liability sustained by Boy Scout Troop 343, Talakto District, Greater Alabama Council, the Boy Scouts of America, and any employee, volunteer, or agent of same as a result of negligent, willful or intentional acts of mine, including expenses incurred attendant thereto, except that nothing herein shall waive any insurance that I might have or that the Boy Scouts of America (Talakto District or Greater Alabama Council) may provide to me in my capacity as an adult volunteer.

**9. Exemption.** I understand that I may exempt myself from this Annual Form **ONLY** by non-participation in a particular activity or event.

**10. Behavior.** I acknowledge that in the event that the adult leadership determines that I have been behaving in a manner that is inconsistent with the Scout Law or the policies of Troop 343 (written or understood), I will arrange immediate transportation from the event. I acknowledge that I will be responsible for all costs associated with such transportation.

**11. Photographs.** I understand that by attending any Troop 343 program or outing, I consent to the use of photographs / film / videotapes / electronic representations and / or sound recordings made of me during that time by Troop 343 and the Boy Scouts of America at their discretion, and I hereby release Troop 343 and the Boy Scouts of America from any and all liability from such use and publication.

**12. Transportation.** If I am involved in transporting Scouts on any activity, outing or event, I agree to ensure that seatbelts are provided for each passenger. I further represent that (i) I am over age 21, (ii) I am a licensed driver by the State of Alabama, (iii) my Alabama driver's license is current and is not expired or revoked, (iv) my vehicle is covered by an Alabama policy of automobile insurance which carries the coverage shown below, (v) I understand that I am obligated to continue to carry and maintain such automobile insurance coverage during the time covered by this release, and (vi) I understand that I am obligated to immediately inform Troop 343 if my license expires or is revoked or if my vehicle is no longer covered by the Alabama policy of automobile insurance as set forth below, in which case I agree I will not drive on any activity, outing or event until such matters are resolved. I understand that nothing in this Annual Form is intended to act as a release for any insurance company which is contractually obligated to provide automobile insurance coverage for me in the event that I am involved in an automobile accident while transporting scouts or adult leaders. I have read the Troop 343 Driving Safety Policies and agree to abide by them whenever I provide transportation for Troop 343. **I agree that I will not allow any individual under the age of 21 to drive my vehicle on any Troop 343 activity, outing or event.**

The vehicle(s) that may be used to transport the Scouts and the applicable insurance information are certified to be as follows:

**VEHICLE 1:**

Make \_\_\_\_\_; Model \_\_\_\_\_; Year \_\_\_\_\_

License Tag \_\_\_\_\_; Total number of seatbelts \_\_\_\_\_

Vehicle Insurance Company \_\_\_\_\_; Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_; Agent \_\_\_\_\_; Agent's Phone # \_\_\_\_\_

Insurance Limits:

Each Person \_\_\_\_\_; Each Accident; \_\_\_\_\_ Property Damage \_\_\_\_\_

**VEHICLE 2:**

Make \_\_\_\_\_; Model \_\_\_\_\_; Year \_\_\_\_\_

License Tag \_\_\_\_\_; Total number of seatbelts \_\_\_\_\_

Vehicle Insurance Company \_\_\_\_\_; Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_; Agent \_\_\_\_\_; Agent's Phone # \_\_\_\_\_

Insurance Limits:

Each Person \_\_\_\_\_; Each Accident; \_\_\_\_\_ Property Damage \_\_\_\_\_

**13. Code of Conduct.** I agree to abide by Troop 343's Code of Conduct, the other matters set forth in the New Parents Orientation Guide, a copy of which I have received and the rules of the Boy Scouts of America, including the Talakto District and the Greater Alabama Council. I have reviewed, understand and agree to the matters set forth in the New Parents Orientation Guide and I further agree to familiarize myself with the rules (written or otherwise) of Troop 343, the Boy Scouts of America (including the Talakto District and the Great Alabama Council).

**14. Training.** I agree to keep up to date, at a minimum with the Youth Protected training program and certificate.

**15. Separate Permission Slips/Changes in Information:** In addition to this Annual Form, the Troop may, from time to time, collect separate permission slips for any outing or activity. I agree that by executing any such permission slips, unless noted differently thereon, that I am confirming the information contained in this Annual Form. Information may also be updated at any time by executing a new copy of this Annual Form or of the BSA Medical Form and delivering such updated forms to the troop.

**16. Copies.** I agree that the Troop and all third parties may rely on a copy, facsimile, .pdf or other reproduction of this Annual Form, in whatever format, as if it were the original, and such copy shall be legally binding and effective.

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I agree that I have read and understood the Annual Form, the New Parent Orientation Guide, the Scout Oath and Law, and the Troop 343's Code of Conduct and I agree with each of the above and I agree that I am bound by each of the above.

Adult's Printed Name: \_\_\_\_\_ Adult's Signature: \_\_\_\_\_

Date: \_\_\_\_\_