



Frontier District Spring Camporee April 12 - 14, 2013

Los Angeles Area Council

Boy Scouts of America



Participant's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: (____) _____ - _____

Council: _____ District: _____ Unit Type & Number: _____

Camp Steward: _____

TALENT RELEASE Parent's or guardian's initials if participant is under 18: _____

I hereby assign and grant to the Los Angeles Area Council - Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me since the date below by the Los Angeles Area Council - Boy Scouts of America.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic, storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Los Angeles Area Council - Boy Scouts of America and I specifically waive any right to any compensation I may have for the foregoing and I do hereby release the Los Angeles Area Council - Boy Scouts of America from any and all liability from the use and publication of the foregoing.

MINOR'S FIREARMS PERMISSION Parent's or guardian's initials if participant is under 18: _____

The above named minor does hereby have permission as required by California Penal Code Section §12552 for the Boy Scouts of America - Los Angeles Council, and instructors certified by Los Angeles Area Council meeting the requirements for instructors established by the BSA (National) to furnish a firearm, BB-gun, Shotgun, .22-cal Rifle, Black Powder Rifle, Air Rifle, Pistol Gun, or CO₂ gun, Ammunition to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting, and marksmanship.

MINOR'S HORSEMANSHIP PERMISSION Parent's or guardian's initials if participant is under 18: _____

The above named minor does hereby have permission to participate in the Horsemanship Program (Riding).

LIABILITY WAIVER Parent's or guardian's initials if participant is under 18: _____

I do further agree to indemnify and save harmless the Los Angeles Area Council - Boy Scouts of America and all officers, members, employees, and volunteers thereof from all suits of actions brought for, or on account of, any injuries or damages received or sustained by any person(s) by or from the consequences of any negligence or any act of omission of the above occurring during the course of said instruction.

Participant's Signature: _____ Date: _____

If the participant is less than age 18, a parent or guardian must initial each item above and sign below:

Parent / Guardian Signature: _____ Date: _____



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Medical Permission to Treat a Minor

In case of an emergency I understand that every effort will be made to contact me, in the event that I can not be reached I hereby give my permission to the physician selected by the event leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for the participant. If participant is under 18 years of age this form must also be signed by parent/guardian.

Scout Name: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Physician: _____

Emergency Contact: _____

Emergency Contact Telephone: (____) _____

Insurance Carrier: _____ Account #: _____

Parent/Guardian Signature: _____

Date Signed: _____