

BSA TROOP 693
PERMISSION SLIP and MEDICAL RELEASE FORM

I hereby give my permission for Scout _____
to participate in the Troop 693 trip to **Second Harvest Food Bank**. He will be under the supervision of the
adult leader(s) named below. My son and I understand and agree to comply with the Troop policy for
appropriate behavior, and I grant permission to the adult leaders to use their judgment and take appropriate
action to ensure safety and order.

I hereby authorize any licensed physician and hospital to perform emergency procedures on my son, as
they deem necessary to save life or limb. If my son has any special medical conditions or is taking any
prescription medication(s) they are as follows (if none please indicate "NONE"): _____

I also hereby acknowledge that while Troop 693 does carry accident insurance, I may be entirely
responsible to either provide medical insurance and/or to pay for any medical treatment provided. I also
certify that my son has passed a BSA Class III physical exam within the last 12 months.

Medical Exam Expiration Date: _____

Parent's Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Insurance _____ Policy Number _____

Doctor Name: _____ Doctor's Phone Number: _____

Adult Leader: **Mr. Henry Lee**

Destination: **Incredible Edible Farm, Orange County Great Park, Irvine**

Leaving From: Carmenita Middle School Date and Time: **Wed., Nov. 25, 2015, 7:45 am**

Returning To: Carmenita Middle School Date and Time: **Wed., Nov. 25, 2015, 11:30 am**

TEAR OFF AND KEEP FOR REFERENCE

Adult Leader: **Mr. Henry Lee**

Contact person: **Jane Fan, (714) 478-6057** Please be on time for pick up.

Destination **Incredible Edible Farm, Orange County Great Park, Irvine**

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**VOLUNTEER ASSUMPTION OF RISK,
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT FOR:
SECOND HARVEST FOOD BANK OF ORANGE COUNTY, INC.**
Orange County Harvest
8014 Marine Way, Irvine, CA 92618 (949) 653-2900

Adult Name _____ Telephone _____
Address _____ Email _____
City _____ State _____ Zip _____ Group Name Troop 693

} Parent Info

I, the undersigned, an adult 18 years or over, and any minor(s) listed below, hereby request to participate in the Volunteer Activities of Second Harvest Food Bank of Orange County, Inc. and Orange County Harvest. I understand that such participation presents a risk of injury, and I agree to assume any and all risk for injuries arising out of, or related to, participation in the various activities and understand that the Released Parties (as such term is defined below) shall **NOT** be responsible or liable for any injury, damage, loss or expense to me and/or my property incurred as a result of my participation in such activities.

To ensure the health and safety of its employees, clients, volunteers and property, Second Harvest Food Bank of Orange County, Inc. (SHFBOC) requires that volunteers (or potential volunteers) be able to perform their assignments unimpaired by any substance, including illegal drugs, alcohol or legal substances that may impact their ability to safely perform their assigned duties or projects. I understand and accept SHFBOC reserves the right to refuse, for any reason and without explanation, my entrance to their property or performance of services based on the above stated policy. I understand and accept SHFBOC reserves the right to excuse me, and/or any minor(s) listed below, as a volunteer without explanation if I violate SHFBOC policies and regulations during my time volunteering at any SHFBOC event or property. My signature indicates that I have read and agree without dispute to SHFBOC's policies and regulations for volunteers.

As a condition of participation in these activities, on behalf of myself, and my successors and assigns, I hereby agree to forever release, discharge, acquit, hold harmless and indemnify, Second Harvest Food Bank of Orange County, Inc., Orange County Harvest, their affiliates and their respective members, partners, principals, shareholders, directors, officers, agents, employees, volunteers, and representatives (including, without limitation, any landowner, landlord, land manager or tenant who grants access to any property for purposes related to the Second Harvest Food Bank of Orange County, Inc. and their respective successors and assigns ("Released Parties"), from any and all charges, complaints, claims, demands, obligations, damages, actions, causes of action, suits, rights, costs, losses, debts expenses (including attorney's fees and costs) liabilities, and indebtedness, of every type, kind, nature, description or character, whether known or unknown, suspected or unsuspected, liquidated or unliquidated arising from, under, or related to, any act or omission of any of the Released Parties, or otherwise in any way related to, or arising from, participation in the Second Harvest Food Bank, Inc. ("Released Matters"). I acknowledge and agree that the releases made herein constitute final and complete releases of the Released Parties with respect to all Released Matters, and that by signing this Agreement, I am forever giving up the right to sue or attempt to recover money, damages or any other relief from the Released Parties for all claims I may have with respect to the Released Matters (even if any such claim is unforeseen as of the date hereof). I understand California Civil Code Section 1542, which provides as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS/HER FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM/HER MUST HAVE MATERIALLY AFFECTED HIS/HER SETTLEMENT WITH THE DEBTOR."

I, being aware of Section 1542, hereby expressly waive any and all rights I may have there under and do so understanding and acknowledging the significance and consequence of such specific waiver.

Adult Signature _____ Date ____/____/____

} Parent signature

****Please sign below if bringing age-appropriate minors to participate in volunteer activities. The minimum age for the food distribution center is 14-years-old. The minimum age for Izzy's Corner and the Incredible Edible Farm is 7-years-old. Please print minors' names below.**

_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____

} For Scouts

Signature parent/guardian of minor under 18: _____ Date: ____/____/____



MEDIA RELEASE FORM

I consent to the photographing of my person and/or my minor child, and property and authorize the use of my photograph, name, likeness, voice, and words ("Photographs") and grant to Second Harvest Food Bank of Orange County ("Second Harvest") and member agencies and anyone authorized by them (collectively "Second Harvest and its agents") permission to use, reproduce, display, broadcast, alter, modify, and/or copyright and renew all Photographs or likeness, taken by Second Harvest or its agents, or provided to Second Harvest or its agents, for any purpose including, but not limited to, use in advertising, promotional, public relations, educational and fundraising materials, all media including, without limitation, in broadcast, cable, electronic and print media (Second Harvest materials) without limitation or compensation (such use being herein defined as the "Use"). I agree that the Photographs, images and likeness become the property of Second Harvest and may not be returned. I understand that Second Harvest shall own all rights and I waive all right to inspect or approve of my images use in Second Harvest Materials. I understand that I will not have any rights of ownership. I understand that my photograph, likeness, voice, or words will not necessarily be used by virtue of this agreement.

I declare that: (1) I am of legal age and I have every right to contract in my own name, or my parent or legal guardian has signed below; (2) I have every right to grant Second Harvest the use of my Photograph or likeness without violating other commitments; and (3) the appropriate releases and/or authorizations have been obtained from any and every person shown in any Photographs I provided to Second Harvest.

I hereby agree to hold Second Harvest and its agents harmless from any past, present and future claims, actions, demands, liability, rights, damages or losses ("Claims"), that I, my beneficiaries, administrators, executors or assigns had, have now, or may have in the future in connection with the Photographs or likeness and/or the Use, including without limitation, any actions, for trademark or copyright infringement, violations of rights of publicity or privacy, or for blurring, distortion, alterations, optical illusion, or any use of the Photographs. I agree to hold Second Harvest and its agents harmless from any Claim by any third party arising out of any inaccuracy or breach of any representation and warranties herein.

I understand and agree: (1) that this Release is binding and (2) this Release constitutes an agreement between myself and Second Harvest and no waiver, modification or addition to this Release shall be valid unless in writing and signed by the parties. I have read this Release or have had it read to me. I understand its contents and sign it voluntarily and of my own free will.

ACCEPTED AND AGREED TO:

Participant Signature: _____

Participant Signature: _____

Print Full Name: _____ Date: ____/____/____

} For adult participants

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS:

I warrant that I am the parent or legal guardian of the minor child named below, and I irrevocably consent to and authorize all of the foregoing on behalf of the minor child and myself.

Print Minor Child Name: _____

Name of the Parent/Legal Guardian: _____

Signature: _____ Date: ____/____/____

} For Scouts

For office use:

Location: _____ Interviewer/Photographer: _____