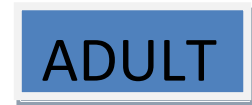




**BOY SCOUT TROOP 442
2009 ANNUAL ADULT
LIABILITY RELEASE**



- I acknowledge that normal and usual Scout activities include, but are not limited to: hiking, bicycling, climbing, camping, skiing, skating, running, caving, being a passenger in a commercial or non-commercial vehicle, operation of and riding in water craft (including kayaks, canoes and boats), and exposure to the elements.
- By signing this form I acknowledge that the normal and usual activities involved in Scouting can include the risk of serious illness, injury, and death. By signing this form I am releasing Boy Scout Troop 442, the Great Sauk Trails Council, the Boy Scouts of America, and any employee, volunteer, or agent of same, from any liability, whether known or unknown, even though such liability may arise out of the negligence or carelessness on the part of persons or organizations mentioned above.
- In executing this Annual Permission Slip and Liability Release I hereby waive all claims against Boy Scout Troop 442, the Great Sauk Trails Council, the Boy Scouts of America, and any employee, volunteer, or agent of same for any illness or injury my son may sustain during activities, outings or events. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or hospital selected by the adult leader in charge to hospitalize, to secure anesthesia, or to order appropriate testing, injection, or surgery for myself.
- I understand that by attending any Troop 442 program, I consent to the use of photographs / film / videotapes / electronic representations and / or sound recordings made of me during that time by Troop 442 and the Boy Scouts of America at their discretion, and I hereby release Troop 442 and the Boy Scouts of America from any and all liability from such use and publication.
- If I am involved in transporting Scouts on any activity, outing or event, I agree to ensure that seatbelts and any required child seating are provided for each passenger. I further represent that I am over age 21 and that my vehicle is covered by a Michigan policy of automobile insurance which carries the coverage shown below and I understand that I am obligated to continue to carry and maintain such coverage during the time covered by this release. I understand that nothing in this permission slip and liability release 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. The vehicle(s) that may be used to transport the Scouts and the applicable insurance information are certified to be as follows:

Kind, Year and Make of Vehicle	Number of Passengers	Owner's Name	Drivers' License Number	Will Everone Wear a Seatbelt ?	Insurance Company / Policy Number	Personal Injury Liability Limits Each Person	Personal Injury Liability Limits Each Accident	Property Damage Liability Limits

Printed Name: _____ Signature: _____

Date: _____

Phone Number: (home) _____ Cell Phone Number: _____

Health Insurance Coverage Information

Name of Health Insurance Co. _____

Policy #: _____

Name: _____ Medications: Yes / No Emergency Contact: _____ Phone: _____