

PERMISSION FORM

I hereby grant permission for \_\_\_\_\_ to participate in the \_\_\_\_\_, under the leadership of Mr. Pat Gerber and/or his assistant scoutmasters. In consideration of his engaging in this activity, I agree to save harmless the said leader and his associates, our unit's sponsoring institution and the Boy Scouts of America because of any claim arising on behalf of my said son(s) from a possible injury or illness while engaging in this activity.

The cost will be \$\_\_\_\_\_

I may be reached at:

\_\_\_\_\_  
(PHONE) (ADDRESS) (CITY, STATE, ZIP)

IN THE EVENT I CANNOT BE REACHED AND EMERGENCY MEDICAL TREATMENT IS REQUIRED:

YOU MAY CONTACT \_\_\_\_\_ Phone: \_\_\_\_\_  
OR  
YOU MAY AUTHORIZE MEDICAL AUTHORITIES TO PRESCRIBE SUCH TREATMENT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

I can drive (VIRTUS training required)  
Drivers License Number: \_\_\_\_\_  
Auto Insurance Carrier: \_\_\_\_\_  
Amount of Liability Per Person: \_\_\_\_,000 Per Accident: \_\_\_\_,000 Property Damage: \_\_\_\_,000  
Automobile Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Number of available passenger seat belts: \_\_\_\_\_

I can assist with outing as a chaperone (VIRTUS training required)

CHECK # \_\_\_\_\_  CASH  TAKE FROM ACCOUNT