

## **Trail Life Troop GA-0317 Permission Slip and Waiver for Participation in Activity**

As parent or legal guardian of \_\_\_\_\_ , by signing below,                      First Name                      Last Name

I hereby give my permission for this child to camp with Troop 317, effective immediately.

I further give my permission to the leaders of this event to render First Aid should the need arise.

I also give permission for them to obtain any and all medical treatment deemed necessary by a duly licensed medical practitioner in the event it becomes needed due to accident or mishap.

I understand that I will be held financially responsible for any care or treatment provided to my child.

I further understand that the leaders of this event will make every reasonable effort to contact the parents of an injured or sick youth, but they will seek medical attention without the parent's prior knowledge should they deem it necessary for the well-being of the youth affected.

I agree to hold Troop 317 and its leaders blameless for any accidents that might occur during this activity, except clear acts of negligence.

I further agree that should my child become a discipline problem, I will, when requested by the Troop leadership, retrieve him from the location of this Troop activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
First Name                      Last Name