

WAIVER OF RESPONSIBILITY

Troop 880, Boy Scouts of America
Sponsor: Wapping Community Church

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)ward(s), on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the emergency data sheet on file with Troop 880.

Activity: _____

Leader: _____

	Boy Name	Parent Signature	Emergency Phone #
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Activity: _____

	Boy Name	Parent Signature	Emergency Phone #
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