

**Scouts Canada**  
**Parent/Guardian Permission Form**

<b>Activity/event:</b> <b>Location:</b>	<b>Date:</b>
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The details of this activity/event/camp are explained on the attached Activity Plan

The activity/event indicated above falls outside what Scout Canada considers to be a “regular unit activity.” Please consider the following:

- In all activities there is an element of risk. While Scouts of Canada take reasonable precautions to minimize these risks, this is no guarantee against injury or loss.
- Some of these risks associated with these types of activities include (but are not limited to) cuts or bruises, sprains, strains or possible broken bones; illness from unknown sources; theft or loss of possessions; and unforeseen injuries from activities, equipment or actions of your child, other participants or other people, including negligent actions. Although it is unlikely, the potential also exists for debilitating injury, long-term incapacity and death.
- Your child’s /ward’s Leaders will be following Scouts Canada BP&P which outlines safety management practices.
- Participants are expected to conduct themselves in a safe manner and to abide by the Scouts Canada BP&P procedures and Code of Conduct. Anyone who does not or whose actions jeopardize their safety or the safety of the group will be dealt with immediately. If appropriate he/she may be sent home at the expense of parents/guardians.

I understand that participation in this activity/event involves a certain degree of risk that could result in injury, death or loss or damage to person or property. After carefully considering the risk involved, and in view of the fact that Scouts Canada is a not-for-profit organization, I hereby release, hold-harmless and waive all claims associated with this activity which I may have against Scouts Canada, its employees, officers, directors, agents, volunteers and members.

**Permission** Please return this page to the Scout Leader by \_\_\_\_\_  
Name of child \_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
Name of event/activity/camp

On \_\_\_\_\_ with the supervision arrangements outlined on the Activity Plan.  
List date and times

**Contacts during activity:** During the duration of the activity/event/camp, I may be reached at

Address	Phone	Alternative Phone
In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:		
Name _____ Relationship to participant _____		
Address	Phone	Alternative Phone

I have read and understood the information provided with form as well as the details on the attached Activity Plan. I understand that there is a degree of risk involved in these activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above and on the Activity Plan I agree to provide up-to-date health information that may not be on the registration form. If my child/ward requires medical treatment, I understand that Scouts Canada will take initial steps to secure medical advice and services and that I will be contacted as soon as possible, or if unavailable, the emergency contact person noted above

Custodial parent or guardian	Date _____
_____	Relationship _____
Print Name	To child: _____
_____	Signature _____

**Parents – please return this sheet to the Scouter!**