

TROOP 4
SAN GABRIEL VALLEY COUNCIL
BOY SCOUTS OF AMERICA

WAIVER OF LIABILITY AND DISCLAIMER FORM

Scout's Name _____ Age: _____

Address: _____ Phone: _____

Parent(s) or Guardian(s) _____

I / We the parent(s) or legal guardian(s) of the above-named Scout acknowledge that participation in scouting events necessarily involves risk of physical injury. I / We further acknowledge that the program of TROOP 4 is administered by volunteers, including volunteering parents, and not by paid professionals.

In consideration for accepting the registration of the above-named Scout and permitting voluntary participation of the Scout in its programs, I / We hereby release, discharge and hold harmless TROOP 4, its leaders and participating volunteers from any claims arising out of or relating to any physical injury that may result to the participant while participating in TROOP 4 sponsored events, including any physical injury caused by the negligence of any leader or participating volunteer while participating in any TROOP 4 sponsored event.

Dated: _____

PARENT / GUARDIAN

PARENT / GUARDIAN