Rendezvous Number: ☐

SCOUT TRIP RELEASE

Ship Name: _____

Ship Number: _____

2009 SOUTHWESTERN RENDEZVOUS

November 22th, 28th and 29th

WHEREAS I, _____ (PRINT FULL NAME), am a Scout in the Boy Scouts of America and as such am scheduled aboard the Port Hueneme, Ventura,, California, for the Rendezvous Competition, I expect to participate in this experience as a part of my Scout program. AND WHEREAS, I am doing so as a volunteer and entirely upon my own initiative, risk and responsibility; NOW THEREFORE, in consideration of such recognition and of the permission extended to me by the U.S. Navy or other owners or operators of said Base, I do hereby for myself, my heirs, executors and administrators relieve, release and forever discharge the government or the United States of America and all its officers, employees and agents, the Boy Scouts of America, their employees, the local council and National Council, local Scout unit, chartered institution, and all Scouts and Scout leaders, their officers and agents, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death or on account of any injury to me which may occur by reason of the above activity.

_____
Signature of Participant

HEALTH HISTORY AND MEDICAL CONSENT

PARTICIPANT: _____ (PRINT FULL NAME)

HAS OR SUBJECT TO: (CHECK IF YES)

_____ asthma _____ fainting spells _____ convulsions _____ reactions to any medications
_____ diabetes _____ heart trouble _____ allergies _____ swimming or sports restrictions
_____ other

Describe:
_____ Check here if none of the above applies

HAS DIFFICULTY WITH: (CHECK IF YES)

_____ eyes, ears, nose, throat _____ digestion _____ bedwetting
_____ lungs _____ sleepwalking _____ other

HAS HAD OR BEEN IMMUNIZED FOR: (CHECK IF YES)

_____ mumps _____ chicken pox _____ whooping cough
_____ measles _____ German measles _____ diphtheria

Any condition now requiring medication? _____ Name of medication(s): _____

_____

Any restriction of activity for medical reasons? ✝ ✝YES ✝ ✝NO (if YES, explain) _____

_____

_____

PARENT AUTHORIZATION

This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anaesthesia, or to order injections for my child.

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Unit Leader