



Camping Participant Waiver

NOTE: WE WILL RETAIN THIS FORM AT CAMP. Please keep a copy for your records.

This page needs to be completed by youth and adults, each time they attend a camp. The NSC Waiver is required for Cub Scout resident camp programs including Camp Akela and Webelo Adventure Days, Kiwanis Cub Camp, and Stearns Webelos Camp and Webelo Adventure Days. Also required for campers attending Many Point Scout Camp week long summer camp.

Participants

Last Name: _____ First Name: _____

If Shooting Sports is part of the program:

I _____ (print name) grant consent to Northern Star Council and to its representatives including trained Range Officers and Instructors and others serving in these positions to furnish my child with BB guns, firearms*, ammunition and/or archery equipment and provide instruction as to their use while participating in all Shooting Sports without restrictions. I further certify that I am the parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Northern Star Council or its representatives including Range Officers and Instructors. I further understand that any modification of this form will result in it s not being accepted by Northern Star Council, Range Officers and Instructors.

No my child does not have permission to participate in any Shooting Sports

Lyme disease – Be wary, not worried, when enjoying the outdoors:

Lyme disease is becoming increasingly common in Minnesota, Wisconsin and other states. Lyme disease is spread by the bite of certain ticks. It is important for people who work or recreate outdoors to learn the facts about the disease and to prevent it. By taking some simple precautions and knowing the symptoms of the disease, we can continue to safely enjoy the pleasures and benefits of the outdoors. The links below will help Scouters stay safe while enjoying the woods. www.stopticks.org; www.lymediseaseassociation.com; and www.ilads.org

Food Allergy:

Please list which food(s): _____

Note: It is the parent/guardian's responsibility to notify camp 2 weeks prior to arrival, in order to discuss options in camps ability to make adjustments. Listing food alone does not guarantee menu adjustments will be made, you must contact camp.

Kiwanis Scout Camp 651-433-2801
Many Point Scout Camp 218-573-3257

Phillippo Scout Reservation 507-263-4324
Stearns Scout Camp 320-236-7879

Talent Release:

I give my permission for Northern Star Council to use any photographic image taken of me to be used by the Council in printed publications, on the internet or in other electronic formats for press or print purposes. If my image is used, I hereby consent, without further consideration or compensation to the use of images taken of me for the purposes of illustration, advertising or distribution of any manner. I understand that the images remain property of the Council and that there will be no restrictions. I accept that no payment is due in respect of this authority and that no further payments to me are required at any time.



Informed Consent and Hold Harmless/Release Agreement:

I understand that participation in Scouting activities involve certain degrees of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release, hold harmless and agree to indemnify the Boy Scouts of America, the local council, the activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provide for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities. I understand and agree that medical decisions related to care and treatment may be based upon information supplied in the appropriate health form submitted.

- Without restrictions**
 - With special considerations or restrictions (list)** _____
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I have read and understand all the information shared in this form. If any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant’s name _____ Date: _____

Participant’s signature _____
(Parent or Guardian if under the age of 18)

PLEASE PRINT

Participants

Last Name: _____ **First Name:** _____

DOB: _____ **Unit #:** _____