

**PATRIOTS' PATH COUNCIL, INC.**  
**BOY SCOUTS OF AMERICA**  
**222 Columbia Turnpike**  
**Florham Park, NJ 07932**  
**(973) 765-9322**

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**PARENT/GUARDIAN AGREEMENT FOR ACTIVITY/CAMPING**

Scout's Name \_\_\_\_\_ Rank \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Troop No. 139** District: **Black River**

Event/Activity:

Location:

Dates:

Mode of Transportation: AUTO

**PARENT'S/GUARDIAN'S AGREEMENT:**

I, the parent/guardian of the above-mentioned Scout understand that my son/daughter will be attending this scheduled activity/camping experience with my full knowledge and permission. He/She may participate in all activities programmed except as I may stipulate in writing to the leader in charge.

Further, if in the judgement of the Scout/Explorer leadership in charge, it becomes necessary to send my son/daughter to a nearby hospital, physician or dentist for diagnosis or treatment they have my full permission to do so.

Therefore, I give my full permission for my son/daughter to participate in all activities except as I may have excluded in writing and I give my full permission to the medical attendant in charge to hospitalize, secure anesthesia or to order injections or surgery for my son/daughter, should the need arise and I as parent/guardian will assume full responsibility for such arrangements including payment of expenses incurred thereby and shall indemnify and hold harmless the Morris-Sussex Area Council, Inc., its servants, agents or employees from any and all liability with respect thereto.

Such medical expenses would be covered under Policy No. \_\_\_\_\_

written by \_\_\_\_\_ for the period \_\_\_\_\_ through \_\_\_\_\_.  
(insurance company)

I will pay expenses directly.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_