YOUTH NAME_____

PARENTAL INFORMED CONSENT AND RELEASE

To Do:
- ❒ Parent/Guardian signs and has notarized.
- ❒ COPIES:
  to Birchbark Expeditions BSA; to Leader on Trail

This form provides:
1- Consent for participation in Birchbark Expeditions BSA,
2- Permission to cross Canadian Border with Scout Leader,
3- Consent for emergency medical treatment, and
4- Permission to use photos and images.

BIRCHBARK EXPEDITIONS
CANADIAN WILDERNESS VOYAGES

GREATER NIAGARA FRONTIER COUNCIL
BOY SCOUTS OF AMERICA
(716) 891-4073

YOUTH NAME _____ ADDRESS _____

CREW/TROOP # _____ CITY, STATE_____

DATES OF TRIP _____ PHONE _____

1- PARTICIPATION. I understand that participation in **Birchbark Expeditions BSA**, offered through the Greater Niagara Frontier Council, BSA during the above dates, involves a certain degree of risk that could result in injury, and that emergency help may be delayed. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my above named son, daughter or ward, I hereby give my consent for him or her to participate in **Birchbark Expeditions BSA** without restriction (or with restrictions listed here:_____).

2- TRAVEL TO CANADA. I give permission for my son, daughter or ward to be transported into Canada and returned to the United States, with the Scout Leader of the above referenced Crew or Troop.

3- MEDICAL TREATMENT. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I authorize medical providers to disclose to Boy Scout personnel and the adult in charge examination findings, test results, and treatment provided 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.

4- TALENT RELEASE. I understand that photographs, vidoetapes and images may be taken during **Birchbark Expeditions BSA**, of which my son, daughter or ward may be a subject. I hereby give my permission to the Boy Scouts of America, the Greater Niagara Frontier Council and **Birchbark Expeditions** to use the photographs, videotapes and images for promotional purposes in print and other media, without compensation, which photographs, videotapes and images shall be in concert with the aims and standards of the Boy Scouts of America.

A photocopy of this executed form shall be acceptable for all intended purposes.

_____
Signature (Parent or Guardian) (Date)

_____
Name (Printed)

__(_____)_____
__(_____)_____
Phone Numbers for Emergency Contact

Subscribed and sworn to before me this
_____ day of _____, 201_____

_____
Notary Public