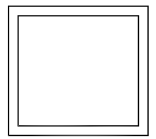


ADULT TRIP RELEASE

SOUTHWESTERN RENDEZVOUS

November 25th, 26th, and 27th, 2016



Rendezvous
Number

WHEREAS I, _____ (PRINT FULL NAME), am an Adult in the Boy Scouts of America and as such am scheduled aboard Camp Pendleton, Oceanside, 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. Marines 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.

Media Photo & Talent Agreement The Participant is a volunteer participant of the Southwestern Rendezvous (SWR), and understands that their participation in the SWR may be filmed, photographed, or otherwise recorded for various promotional or other media purposes. The Participant, and where applicable the Custodial Parent or Guardian, hereby gives permission to reproduce, copyright, exhibit, broadcast, electronically store and distribute or use and publish in newsletters, newspapers, magazines, promotional materials, on websites, or in any form of media or production either now or heretofore unknown, without limitation and at the discretion of the SWR and its agents and assigns, the photographs, film, video tapes, electronic representations and sound recordings made of them during their participation in the SWR.

Signature of Leader / Adult

HEALTH HISTORY AND MEDICAL CONSENT

LEADER / ADULT: _____ (PRINT FULL NAME)

HAS OR IS 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

Any condition now requiring medication? YES NO (if YES, Name of medication(s): _____)

HAS DIFFICULTY WITH: (CHECK IF YES)

- eyes, ears, nose, throat
 bedwetting Digestion
 lungs sleepwalking
 other Describe: _____

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

- mumps chicken pox measles diphtheria
 whooping cough German measles

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

LEADER / ADULT AUTHORIZATION

This health history is correct to the best of my knowledge. In the event an emergency and I am unable to make decisions on my care, I hereby give permission to the physician, selected by the Unit or Event adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections for myself.

Signature: _____

LEADER / ADULT

Date: _____