

MERIT BADGE UNIVERSITY PERMISSION SLIP

Activity Consent Form and Photo Approval - Parents or Legal Guardian

This signed form is required for all Scouts attending this MBU activity. The *Guide to Safe Scouting* is available for download at www.scouting.org and outlines safe scouting practices for Boy Scouts, which also will include Girl Scouts for the purposes of Merit Badge University.

First name of participant & middle initial _____ Last name _____
Address _____ Birth date (month/day/year) ____/____/____
City _____ State _____ Zip _____

Has approval to participate in Merit Badge University at the Morgantown Campuses of West Virginia University

- Without restrictions
 Special considerations or restrictions: (list here or below if medical in nature)

Has your Scout had or is he subject to any of the following (check if yes):

Asthma __ Fainting Spells __ Convulsions __ Heart Trouble __ Bleeding Disorder __
Allergy to any medication, food, plant, or insects __ Other medical problems __ (specify any that apply)

Does he have any medical condition that may require special care, medication, or diet __ ? If yes, explain:

Health Insurance Plan _____
Policy Number _____ Service Code _____

In Case of Emergency Contact Information:

Name _____ Relationship to Scout _____ Area code and telephone number (best contact and emergency contact) _____

Name _____ Relationship to Scout _____ Area code and telephone number (best contact and emergency contact) _____

Photo Release

For the privilege of participating in activities for West Virginia University, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses: Educational/instructional media, Recruitment/Outreach media, Development media, and Newsworthy media documentation. I further authorize West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, to use this electronic media and /or photographs in any manner---whole, or in part. This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University. I hereby waive any right I may have to inspect or approve any use of electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

Hold Harmless Agreement

I understand that participation in any activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release 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.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to 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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Troop No.

Name: