



# Application to Participate in Sea Scout Activity

## APPROVAL OF PARENTS OR GUARDIANS

(For Sea Scouts and guests under 21 years of age, participating in a Sea Scout Ship trip or activity)

(Applicant's First Name) \_\_\_\_\_ Middle) \_\_\_\_\_ (Last Name) \_\_\_\_\_

(Applicant's address) \_\_\_\_\_

(Applicant's City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

(Telephone Number(s) of Applicant's Parent/Guardian during activity) (\_\_\_\_\_) \_\_\_\_\_

(Crew trip activity) \_\_\_\_\_ on (date) \_\_\_\_\_

### Parents or guardians must read this statement, before approving application

I hereby approve and agree to all of the terms and conditions of this *Application to Participate in Sea Scout Ship Activity* and certify to its correctness. Further, I certify that this Sea Scout can meet the health and physical fitness requirements of the crew trip or activity (Personal Health and Medical Record Form - Class III, No. 34412, to be used if required by type of activity).

#### Water Activities

In the event that the crew trip or activity takes place in total or in part on or near water, I certify that this Sea Scout/guest is (check one) \_\_\_\_\_ non-swimmer / \_\_\_\_\_ beginner swimmer / \_\_\_\_\_ advanced swimmer / \_\_\_\_\_ BSA Lifeguard. All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370A, Safety Afloat, No. 34159A, and/or the *Sea Exploring Manual*, No. 33239A, as may be appropriate.

#### Sea Scout Driver Qualifications

When traveling to a Venturing event under the leadership of an adult (at least 21 years of age) tour leader, a Sea Scout of at least 16 years of age may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

#### Waiver of Claims

In consideration of the benefits to be derived from participation in this crew trip or activity, any and all claims against the Boy Scouts of America or its local councils, Sea Scout Ship, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damages, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

#### Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this crew trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of serious illness or injury, reasonable efforts to reach me will be attempted.

#### Talent Release

I hereby assign and grant to the Boy Scouts of America and its affiliated Regions, Councils, and Units (hereinafter BSA), the right and permission to use and publish and photographs/film/video tapes/electronic representations and/or sound recordings made of me or my son or daughter this by the BSA and I hereby release the BSA from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA and I specifically waive any right to any compensation I may have for any of the foregoing.

(Insurance company) \_\_\_\_\_ (Policy number) \_\_\_\_\_

(Personal physician) \_\_\_\_\_ (Telephone number) (\_\_\_\_\_) \_\_\_\_\_

#### Approval

(Signature of father/guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature of Mother/guardian) \_\_\_\_\_ (Date) \_\_\_\_\_