



Camp & Activities Participant Waiver – single day

All youth and adults participating in Base Camp, Discovery Camps and other community activities operated by/at Northern Star Scouting are required to complete and submit this waiver.

NOTE: WE WILL RETAIN THIS FORM AT CAMP. Please keep a copy for your records.

Participant Information:

Last Name: _____

First Name: _____

Date of Birth (MM/DD/YYYY): _____

Dates of Participation: _____

Emergency Contact Information:

Name: _____

Relationship to participant: _____

Cell Phone: _____

Alternate Phone: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in camp activities involves the risk of personal injury due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or Northern Star Scouting. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Northern Star volunteers or professionals who need to know of conditions that may require special consideration in conducting activities.

BB devices are used in some but NOT all programs. Base Camp programs and Base Camp field trips do NOT include BB devices. I give my permission for my child to use a BB device.

Checking this box indicates you DO NOT want your child to use a BB device.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Northern Star Scouting, Scouting America, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant Northern Star Scouting, as well as their authorized representatives, the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child at all activities, and I hereby release Northern Star Scouting, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Northern Star Scouting, and I specifically waive any right to any compensation I may have for any of the foregoing.

I have read and understand all the information shared in this form. If any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent/Guardian Signature: _____ Date: _____

Or participant signature if over the age of 18