

# TROOP 883 TRIP PERMISSION SLIP

**Event:** Adopt-A-Road Service Project  
*Eligible for service hours for rank advancement and school*

**Start Time:** Saturday, May 19, 2012 – 1 PM (Rain Date: Sunday, May 20)  
*Meet at the pull off on Henryton Road*

**Completion Time:** How fast can you pick up trash on both sides of a 1.9 mile road? That's how long it is going to take.

**Details:** Wear work clothes. Wear a hat and sunscreen – and bring a water bottle. Participants must be at least 12 years old. Participants (and parents) must fill out and sign the attached Participant Agreement Form.

**Cost:** No cost!

**Registration:** ***Due to Mrs. Reynolds by the May 7 Troop Meeting.***

**Adults are needed to accompany the group for Youth Protection purposes.**

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(Tear here)

**Event:** Adopt-a-Road Service Project                      **Date:** May 19, 2012

\_\_\_\_\_ will attend/participate in this event.  
Scout Name

I (will/will not) be available to chaperone this event.

I (will/will not) be available to transport \_\_\_\_\_ number of Scouts to and from this event

## Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## PARTICIPANT'S AGREEMENT

I have read and understand the Carroll County Bureau of Roads Operations Conditions for Participation in the Adopt-A-Road Program. I have been provided the following documents: Conditions for Participation and Safety Equipment and Procedures. I have read the conditions and procedures and have attended a safety presentation. I understand these Conditions and Procedures and agree to obey and abide by them and any other rule adopted or implemented by the Carroll County Bureau of Roads Operations during my participation in the Adopt-A-Road Program.

I am aware of the potentially hazardous nature of the work to be performed. Except to the extent any injury or damage is caused by the negligence of the County, its officers, agents or employees, I agree to waive any claim against the County with respect to any injury or damage arising out of my participation in the Adopt-A-Road Program.

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Name of Program Participant (Please Print)

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Signature of Program Participant

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Signature of Legal Guardian (If Participant is under 18)

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Participant's Street Address

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City, State, Zip

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Telephone Number

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Date

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Name of Group