

**Ship 84  
Fairfield, Connecticut  
Activity Consent Form and Approval by Parents or Legal Guardian**

First name of participant \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Has approval to participate in:

Any and all Ship 84 activities from Jan 1, 2020 thru Dec 31, 2020, including but not limited to those activities as set forth on the annual activity calendar (referred to as "Activities").

Without restrictions

Special considerations or restrictions, **including allergies and medications** currently being taken by participant:

\_\_\_\_\_

**Hold Harmless Agreement**

I understand that participation in the Activities involve a certain degree of risk. I have carefully considered the risks involved and have given consent for myself or my child to participate in the Activities. I understand that participation in the Activities are entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local Council, Ship 84, the activity coordinators, and all leaders, employees, volunteers, related parties, or other organizations associated with the Activities 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.

In addition to the above, I hereby assign and grant to Ship 84 the right and permission to use and publish the photographs and videos made of me or my child at any and all Scouting activities, and release the Boy Scouts of America, the local Council, Ship 84, the activity coordinators, and all leaders, employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of the foregoing.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

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

Emergency contact number: \_\_\_\_\_

Contact Erol Eyikan with any questions. Phone: 203-521 7750 E-mail: [eroleyikan@hotmail.com](mailto:eroleyikan@hotmail.com)