

Quinsigamond District Spook-O-Ree
Non-Scout Permission Form

_____ (please print name/names) has my permission to participate in the Quinsigamond District Spook-O-Ree on October 25th 2008. The Boy Scouts of America, their representatives, all and any parent volunteers, are not responsible for your child's safety, although all involved will use their reasonable judgment to insure their safety. In case of emergency (and in the event that a parent/guardian cannot be reached) I give my permission for my child to be treated at the nearest medical facility.

I, the undersigned, understand that activities planned for this event carry the risk of personal injury. I agree that the organizers and sponsors of this event have made careful plans to insure everyone's safety, but they are not responsible for my child's safety while participating in this event. I certify that my child is fully capable of participating. I acknowledge that I have read this waiver in its entirety, that I understand it and that I agree to be legally bound by its terms.

Parent/Guardian Please Print: _____

Parent/Guardian signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____