



AUTHORIZATION AND RELEASE OF SCOUT TO DEPART LONGHOUSE COUNCIL SCOUT CAMPS

I, _____, do hereby certify that I am the parent or guardian of
(Name of Parent or Guardian)
_____, Social Security number _____
(Name of Scout) (SSN # of Scout)

who resides at _____ and whose telephone number is _____
(Address of Scout)

_____. I hereby authorize my son _____
(Phone Number of Scout) (Name of Scout)

to depart from _____ on _____, 20__ and to be released to
(Name of Camp)

the custody of _____ whose address is _____.
(Name of responsible adult) (Address of Responsible adult)

I understand Longhouse Council Scout Camps may require the individual to whom my son is released to present adequate identification in the form of a driver's license or other identification containing a photograph.

_____ will be arriving at _____ at approximately _____ AM/PM
(Name of Responsible Adult) (Camp Name) (Time)
on _____, 20 __, and will proceed to the camping headquarters on arrival.

I, the parent or guardian whose signature appears below, hereby exonerate and waive any claims that I may have against the Longhouse Council, the Boy Scouts of America, its employees or agents as a result of any injuries, physical, mental, or otherwise, which may occur as a result of my son leaving _____ in the company of _____
(Name of Camp) (Name of Responsible Adult)

I agree to indemnify and hold the Longhouse Council, the Boy Scouts of America and its employees harmless and to defend and pay any claim, judgment costs, expenses and attorneys fees incurred by the Longhouse Council, the Boy Scouts of America, its agents or employees as the result of any claim or litigation that may result from my son=s departure from _____
(Name of Camp)

In the company of _____
(Name of Responsible Adult)

<p>Signature of Parent or Guardian</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Telephone _____ Date _____</p> <p>In case you cannot be reached at the above number please provide an alternate telephone number:</p> <p>_____</p>	<p>I certify that I am the person authorized to depart _____ with _____ Name of Camp Scouts name</p> <p>and that I am not under the influence of alcohol, drugs, or otherwise impaired.</p> <p>_____</p> <p>Signature of responsible adult</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Telephone _____ Date _____</p>
---	--

This form must be turned in at registration