

**CANADA CANOE TRIP - 2019  
HOLD HARMLESS/EMERGENCY TREATMENT AGREEMENT  
TROOP 599 - MEMORIAL DRIVE UNITED METHODIST CHURCH  
HOUSTON, TEXAS**

**SCOUT**

**PARTICIPANT** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY** \_\_\_\_\_  
**Telephone** \_\_\_\_\_

Having been informed of the Scout organization and activities of Troop 599 of Houston, Texas, and in consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having confidence that every precaution will be taken to ensure my safety and well being, I do hereby express my desire **FOR MY SON** to participate in the Canada Canoe trip during the period of July 13th, 2019 thru July 21st, 2019.

I do hereby assume all the risks and hazard involved in the canoe trip into Canada including travel to and from Ely, Minn. I do further release, absolve, indemnify and hold harmless as sponsors, all adult drivers, participants and representatives of Troop 599. I also waive all claims against the Boy Scouts of America and Memorial Drive United Methodist Church.

*( ) It is my desire that my son be treated in the event of serious emergency and I do hereby give my consent to the leaders of Troop 599 to seek such medical attention as they deem necessary.*

**WINNESS MY HAND THIS** \_\_\_ **DAY OF** \_\_\_\_\_ **2019 AT HOUSTON, TEXAS**

**SIGNATURE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**PERSONAL INSURANCE CARRIER** \_\_\_\_\_

**GROUP OR POLICY NUMBER** \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION** \_\_\_\_\_  
\_\_\_\_\_