

### ACTIVITY RELEASE FORM

Name of Minor \_\_\_\_\_ Unit \_\_\_\_\_

Activity and Location \_\_\_\_\_ Date(s) \_\_\_\_\_

The undersigned parent or guardian of the minor listed above gives express permission, in conformance with the California Penal Code Sections as indicated, for the BSA Range Staff to furnish the sports equipment as indicated to the minor to engage in lawful, recreation shooting sports and instruction.

If permission is denied, so indicate. (lack of specific permission will be construed that permission is not granted)

**Cub Scouts, Boy Scouts & Venturers: BB Gun/ Air Rifle** (P.C. Section 12552)

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Initial Initial

**Boy Scouts & Venturers Only: Firearm** (P.C. Sections 12072; 12078)

Includes .22 rifle, shotgun, black powder muzzle loader

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Initial Initial

**Cub Scouts, Boy Scouts & Venturers: Climbing/ Project COPE Activities**

I understand that participation in the climbing/repelling and/or Project COPE activities offered through the Orange County Council, Boy Scouts of America, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidences that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have given my consent for their participation in climbing/Project COPE activities at SSRLV.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Initial Initial

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian