

**Consent to Treat for a Minor and Activity Authorization**

**Holcomb Valley Scout Ranch - Old Baldy Council BSA**  
**1047 West 6<sup>th</sup> Street, Ontario, CA. 91762**

**Name of Minor** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Council** \_\_\_\_\_

**Authorization to Treat:** The undersigned do hereby authorize the Boy Scouts of America, or such substitute as designated as agent for the undersigned to consent to any x-ray examinations, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the minor which is deemed advisable by and to be rendered under general or special supervision of any physician or surgeon licensed under the Provision of Medicine Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of the physician or dentist, hospital, Scout camp, or elsewhere.

**Activity Authorization:** Please **Initial** either yes or no for each activity below. Marking yes will give your child permission to participate in that activity. **Failure to mark either box, or changes to this form will result in your child not participating in the activity.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization to participate in **ARCHERY**

Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization to participate in **SHOOTING SPORTS**  
(This includes 22-rifle, Shotgun, Black Powder, and BB guns)

Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization to participate in **CLIMBING/RAPPELLING**

Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization to participate in **HORSEBACK RIDING**  
(This includes all wrangler activities at Hitchcock Ranch, and Trail Rides.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization to participate in **WATER SPORTS/ACTIVITIES**  
(This includes all activities and sports occurring at the pool and lake facilities)

- This authorization will remain in effect while the minor is enroute to or from this Scouting activity at Holcomb Valley Scout Ranch and/or any other activities held in connection with Holcomb Valley Scout Ranch.

Date: \_\_\_\_\_ Father/Legal Guardian Signature: \_\_\_\_\_

Mother/Legal Guardian Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Consent to Leave Early from Camp**

I give my permission for \_\_\_\_\_ to leave camp on \_\_\_\_\_  
(Scout's Name) (Date)

with \_\_\_\_\_ who is my son/guardian's \_\_\_\_\_  
(Name of Adult) (Relationship)

I understand that **ONLY** the person whose name appears above will be allowed to take custody of my child.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Holcomb Valley Scout Ranch - Old Baldy Council BSA**  
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**Informed Consent and Hold Harmless Agreement**  
**Horseback Riding, Mountain Biking, Climbing, Aquatics, Shooting Sports Activities**

**This is a waiver of rights and an agreement not to sue. You are giving up legal rights by signing this document. The execution of this document is a condition to participating in horseback riding, mountain biking, climbing, aquatics and shooting sports activities at Holcomb Valley Scout Ranch.**

1. I understand that trail rides and all events and activities associated with horseback riding "activities", mountain biking, climbing, aquatics, and shooting sports are dangerous and that participation in the activities as a participant, individual contractor, or volunteer (collectively "participant"), exposes the participant to a substantial and serious risk of property damage, personal injury, or death.
2. I acknowledge that participation in the activities will involve such hazards. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned herein who (through negligence or carelessness) might otherwise be liable to me (or my heir or assigns) for damages.
3. Being fully aware that participation in the activities will expose me to substantial and serious risk of property damage, personal injury or death and in consideration for having been given permission to enter upon that real property commonly known as Holcomb Valley Scout Ranch and participation in the activities, I release Old Baldy Council, Boy Scouts of America, or any successor-in-interest and their respective officers, directors, employees, attorneys and agents of each entity or organization "releasees" from liability for any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me or my heirs as a result of my participation in the activities which may be sustained, including any claims that are known and unknown, foreseen and unforeseen, future or contingent.
4. I shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the releasees arising out of or related to the actions, causes of action, claims and demands hereby waived, released or discharged by me. This release shall be binding upon me and my spouse, legal representatives, heirs, successors and assigns.

Full Name of Participant: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must have both parent/guardian signatures, if participant is under the age of 18 years.**

I understand that participation in the horseback riding, mountain biking, climbing, aquatics, and shooting sports activities offered through Old Baldy Council, Boy Scouts of America involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and have given (participant name) \_\_\_\_\_ my consent to participate in horseback riding, mountain biking, climbing, aquatics, and shooting sports activities at Holcomb Valley Scout Ranch and waive all claims I may have against the Boy Scouts of America, Old Baldy Council, BSA, activity coordinators, all employees, volunteers or sponsors associated with the horseback riding activities.

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I hereby give my permission for the Old Baldy Council to use pictures taken of me and /or my son for the promotion of the Holcomb Valley Scout Ranch and the Scouting in the Old Baldy Council.

Full Name of Participant: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

or

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_