

First name and initial	Last name
Address	Birthrate (month/day/year)
Additional address	(need street address if you have a P.O. Box)
City	State and Zip code
Area code and phone number (business)	Area code and phone number (home)
Crew trip/activity	on Date(s)

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Venturer can meet the health and physical requirements of the crew trip or activity (Personal Health and Medical Record Form - Class 3, No. 34412, to be used if required by type of activity).

duct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the crew trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

### Water Activities

In the event that the crew trip or activity takes place in total on or part on or near the water, I certify that this Venturer/guest is (check one);

- non swimmer       beginner swimmer  
 advanced swimmer       BSA lifeguard

All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370, Safety Afloat, No. 34159, and/or *Sea Scout Manual*, No. 33239, as may be appropriate.

### Venturer Driver Qualifications

When traveling to a Venturing event under the leadership of an adult (at least 21 years of age) tour leader, a Venturer at least 16 years of age may be a driver subject to the following qualifications: (1) six months driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

### Waiver of Claims

In consideration of the benefits to be derived from participation in this crew trip or activity any and all claims against the Boy Scouts of America or its local councils, Venturing crew, and chartered organization or against the officers, employees, agents, or other representatives of any of them, or any other persons working under the direction or engaged in the con-

### Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this crew trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company
Policy number
Personal physician
Telephone number

### Approval

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father/guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/guardian