



## Minor Activity Release Form

Scout's name \_\_\_\_\_ Troop # \_\_\_\_\_ Date of birth \_\_\_\_\_

*Please Note:* If a Scout has two parents or legal guardians, the Marin Council requires the signatures of both and for any selection that is chosen the initials of both. If there is only one parent or legal guardian, then one signature and one initial per selection is sufficient.

The undersigned consent that the rifle range or archery instructor of the Marin Council Boy Scouts may furnish a BSA approved firearm or archery equipment, respectively, to the above-named minor for the purpose of instruction in the safe handling and shooting of firearms or archery equipment and related activities. Please initial each box below where permission is granted for the minor to participate.

\_\_\_\_\_ Archery      \_\_\_\_\_ Rifle (.22 caliber)      \_\_\_\_\_ Shotgun      \_\_\_\_\_ Black powder

**And**, that the above-named minor may participate in the activities of the camp program including, but not limited to swimming, boating, games, and hiking, etc. In addition to these, permission is granted to participate in the following special activities listed below, some of which may be off site. Please initial those for which permission is granted for the minor to participate.

\_\_\_\_\_ COPE (*with Scoutmaster approval*)      \_\_\_\_\_ Rock climbing (*with Scoutmaster approval*)  
 \_\_\_\_\_ Outpost hikes      \_\_\_\_\_ Backpacking  
 \_\_\_\_\_ Mountain biking

\_\_\_\_\_ I do *not* give the above-named minor permission to participate in (be specific): \_\_\_\_\_

Please circle whether parent or guardian. Initial here \_\_\_\_\_ if you are the sole parent/guardian

Parent/Guardian #1 signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name (*please print*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Parent/Guardian #2 signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name (*please print*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. phone \_\_\_\_\_