

Participant's name: \_\_\_\_\_

Unit: \_\_\_\_\_

## **Informed Consent, Release Agreement, and Authorization**

I understand that participation in scouting activities, like Rock River Regatta, involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about in activities may be obtained from the Midwest Scouting Coalition Ltd., d.b.a. Rock River Regatta. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to their adult leader in charge, Rock River Regatta management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered by Midwest Scouting Coalition Ltd d.b.a. Rock River Regatta. I further authorize the sharing of the information on this form with any Midwest Scouting Coalition Ltd volunteers or professionals who need to know of medical conditions that may require special consideration in conducting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Midwest Scouting Coalition Ltd d.b.a. Rock River Regatta, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant Midwest Scouting Coalition and their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child during Rock River Regatta, and I hereby release the Midwest Scouting Coalition, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Midwest Scouting Coalition, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

My son/daughter \_\_\_\_\_ who is a current member of the Girl Scouts - USA or Boy Scouts of America, and is at least 13 years of age or has completed the 8th grade, has my expressed written consent to attend the ROCK RIVER REGATTA Competitive Scout Event at the Fort Atkinson High School, Fort Atkinson, WI.

**I have read the Rock River Regatta Rules of the Road and I understand and agree that:** Midwest Scouting Coalition Ltd, the Rock River Regatta Committee/volunteers, Fort Atkinson HS and School District, are not responsible for lost, stolen, or damaged property of participants, nor injury to those attending the event. Each scouting unit is responsible for their own insurance. The unit leaders/advisors are responsible for the actions and dress of their youth members and themselves. Alcohol and/or drug use or possession, including smoking is prohibited. Fort Atkinson HS is a Smoke-Free zone. Violation of the Rules of the Road or state/local laws may lead to disqualification, expulsion, and/or contacting local authorities.

**In Case of Emergency,** I grant Fort Atkinson Hospital and its staff permission to administer any needed medical treatment to my son/daughter: YES \_\_\_ NO \_\_\_ All effort will be made to contact parent/guardian.

I understand that Scouting activities risk potential exposure of *COVID-19* and/or other illnesses. I will take precautions day of the event as mandated by state and local authorities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

**YOUTH PARTICIPANT: I agree to abide by the rules outlined for this event.**

Signature \_\_\_\_\_ Date \_\_\_\_\_