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BOY SCOUT MERIT BADGE DAY EMERGENCY CONTACT INFORMATION AND RELEASE FORM

THIS RELEASE FORM MUST BE SIGNED & PRESENTED AT TIME OF CHECK-IN AT 8 AM
(The Scout will not be able to participate in the day's activities without this signed form)

Scout's Name: _____

Parent or Guardian: _____

Emergency Phone Number: _____

I hereby certify that I am the parent or legal guardian of the Boy Scout identified above ("Participant"). Should any injury or medical emergency involving the Participant arise during his participation in the International Printing Museum Merit Badge Day, I hereby authorize the Participant's Troop and its leaders or the International Printing Museum to procure, and I hereby consent to the provision of, the services of physicians, nurses, emergency medical technicians, or associated personnel to provide the Participant with medical assistance and/or treatment, and I agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the Participant to a medical treatment facility should an individual listed above consider it to be warranted. I hereby release, discharge, and otherwise indemnify the International Printing Museum, its employees and associated personnel against any claim by or on behalf of the Participant named above as a result of his participation in the International Printing Museum Merit Badge Day. PHOTO RELEASE: I hereby authorize the International Printing Museum to publish the photographs and/or videos taken of me during the Boy Scout Merit Badge Day for use in the International Printing Museum's printed publications and website. I acknowledge that since my participation is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by the International Printing Museum confers upon me no rights of ownership whatsoever. I release International Printing Museum, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature of Parent or Guardian: _____ Date: _____

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