

**AUTHORIZATION AND RELEASE OF SCOUT TO  
DEPART LONGHOUSE COUNCIL SCOUT CAMPS**

I, \_\_\_\_\_, do hereby certify that I am the parent or guardian of  
(Name of Parent or Guardian)  
\_\_\_\_\_, Social Security number \_\_\_\_\_  
(Name of Scout) (SSN # of Scout)  
who resides at \_\_\_\_\_ and whose telephone number is \_\_\_\_\_  
(Address of Scout)  
\_\_\_\_\_. I hereby authorize my scout \_\_\_\_\_  
(Phone Number of Scout) (Name of Scout)  
to depart from \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_ and to be released to  
(Name of Camp)  
the custody of \_\_\_\_\_ whose address is \_\_\_\_\_.  
(Name of responsible adult) (Address of Responsible adult)

I understand Longhouse Council Scout Camps may require the individual to whom my scout is released to present adequate identification in the form of a driver's license or other identification containing a photograph.

\_\_\_\_\_ will be arriving at \_\_\_\_\_ at approximately \_\_\_\_\_ AM/PM  
(Name of Responsible Adult) (Camp Name) (Time)  
on \_\_\_\_\_, 20 \_\_ \_\_, and will proceed to the camping headquarters on arrival.

I, the parent or guardian whose signature appears below, hereby exonerate and waive any claims that I may have against the Longhouse Council, the Boy Scouts of America, its employees or agents as a result of any injuries, physical, mental, or otherwise, which may occur as a result of my scout leaving \_\_\_\_\_ in the company of \_\_\_\_\_  
(Name of Camp) (Name of Responsible Adult)

I agree to indemnify and hold the Longhouse Council, the Boy Scouts of America and its employees harmless and to defend and pay any claim, judgment costs, expenses and attorney's fees incurred by the Longhouse Council, the Boy Scouts of America, its agents or employees as the result of any claim or litigation that may result from my scouts departure from \_\_\_\_\_  
(Name of Camp)

In the company of \_\_\_\_\_  
(Name of Responsible Adult)

\_\_\_\_\_  
Signature of Parent or Guardian  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Date \_\_\_\_\_

In case you cannot be reached at the above number please provide an alternate telephone number:  
\_\_\_\_\_

I certify that I am the person authorized to depart \_\_\_\_\_ with \_\_\_\_\_  
Name of Camp Scouts name  
and that I am not under the influence of alcohol, drugs, or otherwise impaired.

\_\_\_\_\_  
Signature of responsible adult  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Date \_\_\_\_\_

**This form must be turned in at registration**