



TROOPS OF SAINT GEORGE

VIRTUS. HONOR. FRATERNITAS.

PARENTAL AUTHORIZATION FORM

I, _____, am the parent/legal guardian of _____ (“Child”). I understand Troops of Saint George (“TSG”) is a father/son organization and my TSG Troop (“TSG Troop”) requires that I accompany my Child to all TSG Troop activities. I will be unable to attend _____ (“TSG Troop Activity”) because of prior commitments. The TSG Troop Activity will benefit my Child, and I request that my Child be allowed to participate in the TSG Troop Activity even though I will be unable to attend the TSG Troop Activity. Because I will be unable to attend the TSG Troop Activity, I hereby authorize _____ (“Chaperone”) to supervise my Child during the TSG Troop Activity.

In the event of an emergency, I authorize the Chaperone to consent to medical treatment, including hospitalization, anesthesia, surgery, or medicine for my Child. If the TSG Troop Activity involves overnight camping, I understand that my Child will not be allowed to participate in the overnight camping portion of the TSG Troop Activity and my Child must be picked up each evening of the TSG Troop Activity at or before lights out. If I am unable to pick up my Child each evening, I hereby authorize the Chaperone to release my child to _____ (“Relative”), who is my Child’s _____.

In consideration of the risks involved, the benefit my Child receives from his participation in the TSG Troop Activity, and acknowledging that my Child’s participation in the TSG Troop Activity is voluntary, I agree to indemnify, hold harmless, and release TSG, my TSG Troop, the Chaperone, and their respective agents, executive committee, board members, directors, trustees, employees, officers, contractors, representatives, volunteers, and heirs and successors thereof from any and all claims, causes of action, and/or liabilities arising out of or resulting from my Child’s participation in the TSG Troop Activity.

I further agree to instruct my Child to follow all safety instructions given by the leaders and volunteers of my TSG Troop during the TSG Troop Activity, and acknowledge that if my Child becomes ill or creates conditions that are an endangerment to himself or others, my Child will be asked to leave the TSG Troop Activity and my Child must be picked up immediately by myself the abovementioned Relative.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Chaperone Signature: _____

Date: _____