



# Cub Scout Pack 797



## CONSENT AND RELEASE FORM

I/we, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ (the "Participant"), in exchange for his/her participation in Cub Scout Pack 797, on behalf of the Participant and myself and our heirs, successors, assigns, and any other persons or entity claiming through or under any of them, agree to RELEASE, INDEMNIFY, and HOLD HARMLESS Cub Scout Pack 797, His Highness Prince Aga Khan Shia Imami Ismaili Council for the United States of America (or such other Ismaili Council in my country of residence) and its regional/local councils, boards, portfolios and any other individual or entity that supports, guides and or enables Cub Scout Pack 797, together with their respective and applicable leaders, decision-makers, board members, officers, members, volunteers, employees and agents (collectively, the "Indemnities") from and against any and all losses, claims, damages, causes of action, liabilities, costs, and expenses which may be asserted against the Indemnities, if any, of every nature whatsoever, known or unknown, and including without limitation, which may arise out of or are connected with (1) any damages to person or property arising from or related to Cub Scout Pack 797; (2) any injury or death, including that arising, in part or whole, from the sole or contributory negligence of the Indemnities, occurring during or related to Cub Scout Pack 797 and/or any travel associated with Cub Scout Pack 797 including but not limited to overnight camps, day camps, field trips and meetings; and (3) any policies, procedures, conduct, act or omission of the Indemnities.

Any controversy or claim arising out of or relating to Cub Scout Pack 797 or this Consent & Release shall be submitted for mediation before His Highness Prince Aga Khan Shia Imami Ismaili Conciliation and Arbitration Board.

I/we hereby give my/our consent to any medical or surgical treatment, which the Participant may need; provided, however, nothing contained herein shall be deemed an obligation to provide any such medical or surgical treatment. I/we understand and accept that the cost of all medical and surgical treatment shall be paid by me/us.

**I/WE HAVE READ AND VOLUNTARILY SIGN THIS CONSENT & RELEASE FORM AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Witnessed by (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date