



# ALL-TERRAIN VEHICLE (ATV) PROGRAM PARTICIPATION AND HOLD-HARMLESS AGREEMENT

Hidden Valley Scout Reservation, New Birth of Freedom Council, BSA will be conducting an ATV Program. Scouts will be taught ATV Safety as well as be instructed how to ride and drive an ATV and will drive on a training course and on approved trails only. Scouts will be on the unit individually and in control of the power and brakes. Scouts will be required to wear a helmet, goggles, gloves, over-the-ankle boots, long-sleeve shirts, and long pants. Scouts are expected to abide by all safety rules and the instructions of the camp instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, age \_\_\_\_ permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.**

Because space is limited, any additional cost associated with participation in this program will not be refunded.

1. Complete the ATV safety class taught at Hidden Valley Scout Reservation.
2. Wear all required safety gear at all times on or around the equipment.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the Camp Staff Instructor(s).
5. Maintain control of the ATV at all times & remain within the speed determined to be safe by the Camp Instructor(s).
6. Be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment & manufacturer standards.
7. Respond to the camp satisfaction survey from the Boy Scouts of America as it evaluates the ATV program.

Participant's Name\*: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent / Guardian's Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Troop #: \_\_\_\_\_ Council: \_\_\_\_\_ District: \_\_\_\_\_

Camp Session Attending: \_\_\_\_\_