

# All-Terrain Vehicle (ATV) Program

## Participation and Hold-Harmless Agreement

Camp \_\_\_\_\_

Camp \_\_\_\_\_ from the \_\_\_\_\_ Council will be conducting an ATV program at camp. Scouts will be instructed how to ride on and drive an ATV. Scouts will be taught ATV safety and will drive on a training course, then 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, \_\_\_\_\_, 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 Camp \_\_\_\_\_.
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 and 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address (for survey purposes only): \_\_\_\_\_



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