

**Lake of the Ozarks Scout Reservation**

**Personal Watercraft Program**

**Participation and Hold Harmless Agreement (required of ALL participants)**

Lake of the Ozarks Scout Reservation (Great Rivers Council) will be conducting a Personal Watercraft program. This program is conducted under the approval of the Boy Scouts of America. Scouts will be instructed how to ride and drive the PWC. Scouts will be taught PWC safety, drive on the training course, and then have open ride time in a designated area at the Lake of the Ozarks Scout Reservation. 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. Failure to complete all of these requirements will result in removal from the program and NO refund will be given.**

1. Complete the Missouri Boaters License Course PRIOR to attending camp.
2. Wear all safety gear at all times on or around the equipment.
3. Follow all the safety rules provided in the training class.
4. Follow the instructions of the Camp Staff Instructor(s).
5. Maintain control of the PWC at all times and remain within the speed determined by the Camp Instructor(s).
6. Is 14 years of age as of the start of the class and will be in full compliance with all local state and federal guidelines, including age restrictions and original equipment manufacturer standards.
7. Will respond to the camp satisfaction survey from the Boy Scouts of America to help in the evaluation of the program.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Call: \_\_\_\_\_ Date: \_\_\_\_\_