

BLUE WATER COUNCIL

BOY SCOUTS OF AMERICA

**APPLICATION PHILMONT EXPEDITION**

JUNE 21, 2008

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ UNIT # \_\_\_\_\_

STREET \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ RANK \_\_\_\_\_ CURRENT OFFICE \_\_\_\_\_

I enclosed the reservation fee required with this application. I agree to live the Scout Oath and Law, to obey and cooperate with Expedition Leaders and meet my full responsibilities as a member of this Expedition. I certify that I now meet the qualifications for the Expedition, and I will submit evidence of fitness to make this trip on the official health form signed by a licensed physician.

I understand that my application fee (\$100.00) is non-refundable, additional fees are refundable to December 31, 2007, transferable to another Scout, or Venture (if possible) after that date if a participant finds he cannot go.

In consideration of the benefits to be derived from participation in the Expedition, any and all claims against the Boy Scouts of America or the Blue Water Council, or any of the officers, employees, agents, or other representatives of conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to or incurred or suffered by the applicant named above or to his property, in connection with or incidental to the 2008 Philmont Expedition including preliminary training and travel, are hereby expressly waived by the parent and the applicant.

SCOUT'S  
SIGNATURE \_\_\_\_\_

On behalf of my Scout and myself, I (we) hereby approve and agree to all of the terms and conditions of this application and certify to it's correctness further, I (we) certify that the applicant can meet the health and physical fitness requirement of the Expedition and will be examined by a licensed physician.

DATE \_\_\_\_\_ PARENT / GUARDIAN SIGNATURE \_\_\_\_\_