

**BOY SCOUTS OF AMERICA – TROOP 805**  
*ACTIVITY INFORMATION FORM*

**Escape Room Adventure, Saturday, March 14**

**OSPL: Joshua Dagen**

**What:** Come participate in a real-life escape room adventure! You and your team will work together to uncover clues, solve puzzles, and hopefully escape the room within 60 minutes! There is no special knowledge required to play, just be curious, observant and think outside of the box!

Limitless Escape Games in Livermore has four different themed rooms to choose from: 1) Sherlock Holmes, 2) Pirate Adventure, 3) Bank Heist, and 4) Hot Seat. If you have already done an event with Limitless Escape Games and want to be placed in a different room, please indicate so on the comments section during signup.

Parents and siblings welcome. Scouts working on First Class, requirement #10 can bring a friend!

For more information, visit [www.limitlessescapegames.com](http://www.limitlessescapegames.com)

**Depart:** Meet at Sycamore Park and Ride at 9:15 AM. Arrive at Limitless Escape Game by 10:00 AM (time may vary depending on the assigned rooms)

**Location:** Limitless Escape Games, 51 Wright Brothers Avenue, Suite C, Livermore

**Return:** Drivers will return scouts at home at around 11:30 AM

**Cost:** \$25 per person.

**Uniform:** Class A

**Questions:** Grace Dagen, cell: 925 389 4886, email [gracedagen@yahoo.com](mailto:gracedagen@yahoo.com)

*please register and pay ASAP on Troopmaster so we can book the correct number of rooms.  
**No refunds after February 29**, but you can swap players. Waiver and permission slip due by  
March 10.*

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**BOY SCOUTS OF AMERICA – TROOP 805**  
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

**Escape Room Adventure, Saturday, March 14**  
**OSPL: Joshua Dagen**

I hereby give permission for my son, \_\_\_\_\_, to attend this outing with Boy Scout Troop 805. I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, participants, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

If this activity involves archery or firearms, I hereby give express consent for a qualified range instructor to furnish BSA-approved archery or firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

I hereby give permission for the adult leaders to give over-the-counter (OTC) medicines as needed (e.g. Aleve for headache, fever, inflammation, pain; Benadryl for allergic reactions, nasal allergies, hives and itching; Lomotil for diarrhea; etc.) In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. (All reasonable measures will be taken to safeguard the health and safety of the Troop's members.)

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address (for drop off)** \_\_\_\_\_

If I cannot be reached in the event of an emergency, please notify the person named below:

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

The following information relates to my son:

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

**Allergies or pertinent medical information (incl. Rx & OTC meds):** \_\_\_\_\_

**Tour Plan Information**

<b>Drive?</b> (Check if Yes)	<b>Vehicle</b> <b>Year / Make / Model</b>	<b>No. of</b> <b>Passengers</b>	<b>Driver's License / Name / Cell Phone</b>	<b>Auto Insurance</b> (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/> <b>To:</b>				
<input type="checkbox"/> <b>From:</b>				
<i>(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)</i>				
<b>WE NEED AT LEAST ONE MORE ADULTs TO PARTICIPATE TO MEET BSA REQUIREMENTS.</b>				
<b>REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name:</b>				
<b>Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____</b>				

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