

JIMMIE DYESS DAYS

CAMPERS - JDD BASIC REGISTRATION

District :	Unit Type: Pack Troop Crew Post (circle)	Unit#:
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INSTRUCTIONS:

- 1) Type or print legibly the name of each unit member and guest who is attending (includes adult leaders, parents, etc....)
- 2) For scouts complete their rank and age
- 3) Confirm you have all health forms with you by checking the appropriate box (adults and leaders need one too)
- 4) Confirm the Hold Harmless form is complete and available for all participants (this will be turned in)

** It is important that we have an accurate roster to ensure we meet the requirement for completing and receiving "Hold Harmless" forms for everyone and to collect attendance data for future events. Thanks in advance for understanding and helping us accomplish these goals **

#	Name- All participants	Scouts Rank (Life, Bear, etc) (If applicable)	Scouts Age (If applicable)	Health Form (√)	Hold Harmless Form (√)

Attendees	Number	Per Person		Total
Youth Participant (Weekend+4 meals)		\$35.00		
Scout Leader, Parent, or Adult (Weekend+4 meals)		\$35.00		
Total Amount Due				
Checks payable to "Georgia Carolina Council, BSA"				

MC/VISA# (circle one) _____ EXP. DATE _____ VERIFICATION # _____

PHONE# _____ PRINTED NAME OF CARD HOLDER: _____

SIGNATURE OF CARD HOLDER _____

JIMMIE DYESS DAYS

RELEASE OF TALENT, LIABILITY AND HOLD HARMLESS (Jimmie Dyess Days 2009)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 10 U.S.C. 3012

Principal Purpose: To execute release of talent, liability and hold harmless statement.

Routine Uses: Information is needed to identify the participant and to ensure that the participant or parent or guardian of participant executes the release of talent, liability and hold harmless. The information will be used to evaluate and defend potential claims against the United States Government or the Georgia Carolina Council, Boy Scouts of America. The information could be used in civil litigation and in the course of preparation for litigation.

Disclosure: Disclosure is voluntary. Failure to provide the requested information will be a basis to deny participation.

Name of Participant (Last, First, MI)

Street Address

City

State

(Area Code) Phone Number

HOLD HARMLESS AND TALENT RELEASE

In consideration for receiving permission from the Department of the Army, Fort Gordon, Georgia, for the above-named individual to use the land and facilities of Fort Gordon, Georgia, for participation in "Jimmie Dyess Days 2009," from October 2nd 2009 to October 4th 2009, I agree for myself, my heirs and estate, that the United States Government, the Department of the Army, the Installation Morale, Welfare and Recreation Fund (IMWRF), its officers, agents, servants, and employees, will not be liable for any claims, demands, injuries, actions or causes of action which arise from my participation in Jimmie Dyess Days 2009.

I further agree to hold harmless the United States Government, the Department of the Army, the Installation Morale, Welfare and Recreation Fund (IMWRF), its officers, agents, servants, and employees from all claims, demands, injuries, actions or causes of action, such as damage or injury I or my child may cause to the person or property of other persons, which may arise as the result of my or my child's negligence, gross negligence or willful misconduct while participating in Jimmie Dyess Days 2009.

I expressly forever release and discharge the United States Government, the Department of the Army, the Installation Morale, Welfare and Recreation Fund (IMWRF), its officers, agents, servants, and employees from all such claims, demands, injuries, actions or causes of action, including those for negligence, arising out of or related to any loss, damage, or injury, including death, that I or my child may sustain.

I hereby assign and grant to the Georgia Carolina Council, Boy Scouts of America, and the United States Government the right and permission to use and publish the photographs/film/video tapes/electronic representations and /or sound recordings made during my visit to the event listed above. I hereby release the Georgia Carolina Council, Boy Scouts of America and the United States Government from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and /or sound recordings without limitation at the discretion of the Georgia Carolina Council, Boy Scouts of America or the United States Government and I specifically waive any right to any compensation I may have for any of the foregoing.

Name of Event Participant (Printed)
(REQUIRED PER EACH PERSON)

Signature of Participant or Parent/Guardian
(Under 18 yrs = Parent/Guardian Signature Required)

Date