

**Camp Shenandoah
Transportation and Participation
Waiver of Liability**

This agreement releases **Camp Shenandoah** and **Stonewall Jackson Area Council, BSA** of all liability relating to injuries that may occur **during transportation and participation of Off-Site Camp Shenandoah Programs**. By signing this agreement, I agree to hold **Camp Shenandoah** and **Stonewall Jackson Area Council** entirely free from any liability, including financial responsibility for injuries occurred.

I also acknowledge the inherent risks involved in **Off-Site Camp Shenandoah Programs**. I acknowledge that the Scout is participating voluntarily, and that risks have been made clear to his Adult Leaders.

By signing below, I forfeit all right to bring a suit against **Camp Shenandoah** and **Stonewall Jackson Area Council** for any reason relating to participation in an **Off-Site Camp Shenandoah Program**.

(Scout's Name, please print)

(Unit Number)

(Off-Site Camp Shenandoah Program)

(Parent signature)

(Date)