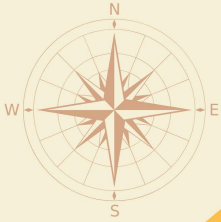


American Legion  
Palisades Post 283



# MEDAL OF HONOR FAMILY CAMPING WEEKEND

With  
Recipient  
**Gary  
Littrell**



12-14  
**APRIL**  
2024



## CATALINA ISLAND

Military &  
Veteran Families

**FREE**

No kids under 6

🏹 Archery

🚁 Drones

🚣 Kayaks / Paddle Boards

🔫 Rifles / Shotguns

🤿 Scuba Instruction

👁️ Night Vision Gear

🏕️ Wilderness Survival

🏊 Snorkeling

Reserve your space: [Post283.com/events](https://Post283.com/events)



## **Complete Required Forms for Emerald Bay, Catalina, Camping Trip**

Thank you for choosing to accompany American Legion Palisades Post 283 on our annual family camping trip to Camp Emerald Bay\* on Catalina Island the weekend of April 12-14.

Please complete all of the attached required forms for every person attending:

- Medical Health Form Parts A,B, and C\*\*
- Parental Firearms Permission and Release
- Adult Release and Indemnification Agreement

### NOTES:

\* Camp Emerald Bay is operated by the Boy Scouts of America (BSA).

\*\* Medical Health Form, Part C is only required if you or your child (12 and older; or minimum age 11 if SCUBA certified) would like to SCUBA dive while on Catalina Island and MUST BE SIGNED BY A PHYSICIAN prior to the trip. – Any person seeking to shoot a firearm while on Catalina Island (shotguns and .22-caliber rifles) needs to complete the Parental Firearms Permission and Release form.

If you have any questions, please reach out to American Legion Palisades Post 283 Adjutant Jared Morgan.

310-454-0527

[jared@post283.com](mailto:jared@post283.com)

[hq@post283.com](mailto:hq@post283.com)

# Boy Scouts of America Western Los Angeles County Council

## Adult Release and Indemnification Agreement

The undersigned represents that he or she is over 18 years of age and wishes to participate, either as a paid customer, volunteer or as a paid staff member, in one or more of the camp programs sponsored or operated by the Western Los Angeles County Council, Boy Scouts of America, Inc. (the "Council"). The undersigned acknowledges that the camp programs contain activities that may pose some risk for personal injury, including, but not limited to, horseback riding, rifle or gun shooting, archery, camping, swimming, snorkeling, scuba diving, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling and other similar activities (the "Participatory Activities"). The undersigned acknowledges that participating in the Participatory Activities is at the undersigned's own risk.

In addition, each camp has rules and policies that all participants are required to abide by in compliance with the rules and policies of the Council, the Boy Scouts of America (National) ("Boy Scouts of America") and, in the case of Camp Emerald Bay, the Catalina Conservancy. These rules and policies preclude a Participant from engaging in certain activities (referred to herein as the "Prohibited Activities"). They include, but are not limited to:

- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the camp if found without a buddy.
- 3) In the case of Camp Emerald Bay, the Camp has undeveloped and potentially unsafe areas including, but not limited to: Doctor's Point, the Chapel, all cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his or her own risk."
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
  - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
  - b) Program areas when closed. This includes but is not limited to: the field sports ranges, and, in the case of Camp Emerald Bay, the Pennington Marine Science Center, Scoutcraft area, Nature area, the Ship's Store, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, bison, deer and snakes.
- 8) A Participant may not use prohibited items which include:
  - a) Alcohol and narcotics (including medicinal marijuana)
  - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
  - c) Bikes
  - d) Fireworks, fuel or propane
  - e) Any other illegal substance or items



By signing below I agree to abide by the above rules and policies as well as any additional ones that I am informed of by the camp staff.

With regard to the Participatory Activities and the Prohibited Activities, the undersigned , by signing below, agrees, on behalf of himself or herself and his or her spouse, children and/or family members, that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators or instructors, staff members, participants, employees or volunteers (collectively and individually, the Indemnified Parties”), shall not be liable or responsible for any injury or damage the undersigned may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) the undersigned shall defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by the undersigned, or in any way related to any action or omission arising, during the course of engaging in said Participatory Activities or Prohibited Activities, including, without limitation any action or claim brought or threatened to be brought, by my spouse, child or family member, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: \_\_\_\_\_

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_



# Boy Scouts of America Western Los Angeles County Council

## Parental Firearms Permission and Release and Consent to Full Program

MINOR'S NAME (Please print): \_\_\_\_\_

### Section A. Parental Firearms Permission and Release

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your child will not be allowed on the shooting range without the following signed release. If you do not wish your child to participate in shooting activities please write "NO PERMISSION" at the bottom of this Section A (immediately above the line "Consent to Full Program") and then continue to Sections B and C. If you do wish your child to participate in such activities, please complete the rest of this Section A, sign and date it and continue to Sections B and C.

I (Please print) \_\_\_\_\_ the Parent  Legal Guardian  of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council (the "Council"), and to instructors certified by the Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm (including without limitation a BB gun, air rifle, pellet gun, or CO2 gun), and related ammunition, to said minor for the purpose of instructing your child in the safe handling and loading of firearms, the safe discharge of firearms and marksmanship.

Signed: \_\_\_\_\_ The Parent  Legal Guardian

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B. Consent to Full Program

The Council's camp programs may include some or all of the following activities: horseback riding, archery, camping, swimming, snorkeling, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling, team sports, and other similar activities. Your signature below will grant consent for the above named minor to participate in all of the above activities at camp without limitation if you check the box marked "Consent to full program." Alternatively, if you wish to limit or exclude your child's participation in any of the aforementioned activities, please check the other box below and explain the activity or activities in which your child's participation is restricted or excluded and the manner in which it is to be restricted:

Consent to full program                       Consent to program with the following limitations/exclusions:

---

---

### Section C. Prohibited Activities

Each camp (the "Camp") has rules and policies that all scouts and other participants (collectively, "Participants") are required to abide by in compliance with Boy Scout and, in the case of Camp Emerald Bay, Catalina Conservancy, rules and policies. Upon arrival at a Camp, staff members will review all rules and policies with the Participants. These rules and policies include, but are not limited to:



- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the Camp if found without a buddy.
- 3) In the case of Camp Emerald Bay, the Camp has undeveloped and potentially unsafe areas including, but not limited to: Doctor's Point, the Chapel, all cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his own risk" and any minors venturing into these areas must be accompanied by an adult.
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
  - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
  - b) Program areas when closed. This includes but is not limited to: the field sports ranges, and, in the case of Camp Emerald Bay, the Pennington Marine Science Center, Scoutcraft area, Nature area, the Ship's Store, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, bison, deer and snakes.
- 8) A Participant may not use prohibited items which include:
  - a) Alcohol and narcotics (including medicinal marijuana)
  - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
  - c) Bikes
  - d) Fireworks, fuel or propane
  - e) Any other illegal substance or items

By signing below I agree, on behalf of the above minor, to have my child abide by the above rules and policies as well as any additional ones he is informed of by the Camp staff. Additionally I certify that I have discussed the foregoing rules and policies with my child and that he will follow and abide by these rules and policies as well as any other they are informed of by the Camp staff.

Signed: \_\_\_\_\_ The Parent [ ] Legal Guardian [ ]

## Section D. Exculpation and Indemnity

With regard to those activities listed in Sections A and B as to which you have given your consent to have your child participate (the "Participatory Activities"), and with respect to the any activities engaged in by your child that violate the rules and policies of a Camp, as summarized in Section C above (the "Prohibited Activities"), by signing below, you (for yourself and on behalf of your child and his/her parents, if applicable), agree that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators, instructors or participants, employees or volunteers (collectively and individually, the Indemnified Parties"), shall not be liable or responsible for any injury or damage your child may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) your child and you, to the full extent of your liability under applicable law for your child's actions or omissions, jointly agree to defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by any person or persons (including your child) arising or in any way related to any action or omission of your child during the course of engaging in said Participatory Activities or Prohibited Activities, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: \_\_\_\_\_ The Parent [ ] Legal Guardian [ ]

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_





## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	





## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

**DO YOU USE AN EPINEPHRINE AUTOINJECTOR?** Exp. date (if yes) \_\_\_\_\_  YES  NO

**DO YOU USE AN ASTHMA RESCUE INHALER?** Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations <b>(form required)</b>	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

### Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



Prepared. For Life.®