

**Parental Informed Consent Agreement  
For C.O.P.E., Climbing and Rappelling Activities**

I understand that participation in the C.O.P.E./climbing/rappelling activity offered through the PA Dutch Council, Inc. BSA, on \_\_\_\_\_(date), involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter),

I have given \_\_\_\_\_(my son/daughter) my consent to participate in COPE and:  
(Name)

**RELEASE AND INDEMNIFICATION**

I hereby release and waive any and all claims that I may have against Boy Scouts of America PA Dutch Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in COPE (activity). I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA PA DUTCH COUNCIL, BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN COPE (activity). THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA PA DUTCH COUNCIL, BSA'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEYS' FEES.

I certify that this participant can meet the health and physical fitness requirement of the trip or activity.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injection of medications for my child.

**(This form must be signed by both parents/guardians)**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

(\_\_\_\_\_-)\_\_\_\_\_  
Phone number

(\_\_\_\_\_-)\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Alternate contact person: \_\_\_\_\_(\_\_\_\_\_-)\_\_\_\_\_  
Name Phone number