

**Parental Informed Consent Agreement
For BMX Pump Bike Course and Pedal Cart Activities**

I understand that participation in **BMX Pump Bike Riding and Pedal Cart** activity offered through the PA Dutch Council, Inc. BSA, on _____ (date) at J. E. Mack Scout Reservation, 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 **BMX Pump Bike Riding and/or Pedal Cart**.

I understand that participation in this activity requires the use of provided Personal Protection Equipment including helmets, elbow pads, and knee pads.

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against the Boy Scouts of America, PA Dutch Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in **BMX Pump Bike Riding and/or Pedal Cart Riding**. I FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA, PA DUTCH COUNCIL, BSA AND THEIR EMPLOYEES, AGENTS, REPRESENTITIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY/MY CHILD'S PARTICIPATION IN **BMX Pump Bike Riding and/or Pedal Cart Riding**. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA, PA DUTCH COUNCIL, BSA'S OWN NEGLIGENCE OR FAULT 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 ATTORNEY'S FEES.

I certify that this participant can meet 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 medication for my child.

(THIS FORM MUST BE SIGNED BY BOTH PARENTS / GUARDIANS or ONE PARENT WITH LEGAL CUSTODY OF NAMED CHILD IN EVENT OF SEPARATION/DIVORCE)

Parent / Guardian Signature

Parent / Guardian Signature

Print Name

Print Name

Home Phone / Cell Phone

Home Phone / Cell Phone

Date

Date

Alternate Contact Person: _____

Phone No. _____