

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

I understand that participation in **C.O.P.E. / Climbing / Rappelling Activities** offered through the PA Dutch Council, Inc. BSA, on \_\_\_\_\_ (date) at Bashore Scout Reservation, involves a certain degree of risk that could result involve 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 **C.O.P.E. /Climbing / Rappelling Activities**.

### 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 **C.O.P.E. / Climbing / Rappelling Activities**. 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 CHILD'S PARTICIPATION IN **C.O.P.E. / Climbing / Rappelling Activities**. 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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Alternate Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Troop: \_\_\_\_\_  
Last Name: \_\_\_\_\_