

**Informed Consent and
Hold Harmless Agreement**

I understand that participation in the C.O.P.E./Climbing activity on _____ (date) involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, 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, I have carefully considered the risk involved and have given consent for _____, (myself/ my son/ my daughter), to participate in the C.O.P.E./Climbing activity, and waive all claims I or we may have against the Boy Scouts of America, the Susquehanna Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the C.O.P.E./Climbing activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that participation in the C.O.P.E./Climbing activity is entirely voluntary. I release the Boy Scouts of America, the Susquehanna Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the C.O.P.E./Climbing activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the Susquehanna Council or its employees.

I certify that I (or my son or daughter) as a participant can meet the health and physical fitness requirements of the C.O.P.E./Climbing activity.

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

Participants Signature _____ Date _____

If the participant is under the age of 18, his or her parent/guardian must sign below

Parent's or Guardian's Signature _____ Date _____

Print Name _____ Phone # (____) - ____ - _____