

**Parental Informed Consent, Release and Indemnity Agreement, and  
Authorization  
For Cope / Climbing / Rappelling Activities**

I understand that participation in the Cope / Climbing / Rappelling activity offered through

\_\_\_\_\_ (unit# or organization), Long Beach Area Council – BSA,

on \_\_\_\_\_ (dates), Involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinators, or 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 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, self), I have

given (participant name) \_\_\_\_\_ (my son/daughter/self)

my consent to participate in \_\_\_\_\_ (activity) on \_\_\_\_\_ (date).

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

List Participants Restrictions, if any: \_\_\_\_\_

In the event of illness or injury occurring to my (son/daughter/self) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

With participation of the dangers and risks associated with programs and activities including preparation for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby voluntarily and unconditionally assume all and any risk of injury arising from participation in the activity, and fully and completely release and waive any and all claims of any nature whatsoever, to the fullest extent allowed by law, whether based on negligence or otherwise, for personal injury, death, or loss that may arise against, and indemnify and hold harmless therefor, 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.

**\* Indicates required field**

<p>Print Name *</p> <p>_____</p> <p>Signature (Parent/Guardian) *</p> <p>_____</p> <p>Telephone No.*</p> <p>_____</p> <p>Date*</p> <p>_____</p> <p>Medical Insurance (If known)</p> <p>_____</p> <p>Policy Number (If known)</p> <p>_____</p>	<p>Print Child's Name*</p> <p>_____</p> <p>Signature (Parent/Guardian)*</p> <p>_____</p> <p>Telephone No.*</p> <p>_____</p> <p>Date*</p> <p>_____</p> <p>Physician (If known)</p> <p>_____</p> <p>Physician Phone Number (If known)</p> <p>_____</p>
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