



## Hold Harmless Agreement

I understand that participation in the activity 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 Scouting America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my child) to participate in the activity, and waive all claims I or we may have against Scouting America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the 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 my participation in the activity is entirely voluntary. I release Scouting America the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the 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 local council or its employees.

**Medical Permission-Youth:** This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me or a physician. In the event of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician, selected by the adult leaders in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

**Medical Permission-Adult:** This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me or a physician. In the event of an emergency, I understand a reasonable attempt will be made to reach my emergency contact. If unable to reach that contact, I hereby give permission to the physician, selected by the adult leaders in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Participant's signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*If the participant is under age 18, their parent or guardian must also sign below:

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**Both pages, including the Consent Form, Health History and Hold Harmless must be completed and submitted for all participants of COPE and Climbing Program participants during the off season.**