



**COUNCIL HOLD HARMLESS AGREEMENT
INFORMED CONSENT
(ADULT)**

I _____ understand that participation in the following activities;

Sea Kayak Day Trip, Weekend or Summer Adventure Treks

offered by the Coastal Empire Council, Inc. B.S.A., on the following date(s) _____ 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 the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure my safety and well being, I have carefully considered the risk involved and I,

(Name) _____ would like to participate in the following activities:

Sea Kayak Program Dates: Day Trip _____ Weekend _____
 Summer _____

and waive all claims I may have against the Boy Scouts of America, the Coastal Empire Council, Inc., activity coordinator(s), all employees, volunteers, or sponsors associated with the above listed activities.

In case of an emergency, I understand every effort will be made to contact someone at my home or the emergency number listed below. In the event no one can be reached, I hereby give my permissions to any attending Physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my condition(s).

Home Phone # _____ Emergency Phone # _____

Adult's Signature _____ Date _____

Lead Guide Approval _____ Date: _____