



**YOUTH HOLD HARMLESS AGREEMENT
PARENT INFORMED CONSENT**

I understand that participation in the following activity;

Sea Kayaking Adventure Trek,

offered through the Summer Programs of 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 the safety and well being of my (son/daughter/dependent), I have carefully considered the risk involved and have given

(Name) _____ (son/daughter/dependent), my consent to participate in the following:

- Sea Kayaking Summer Adventure Tre** **Day Trip or Weekend Adventure Trek**

and wave 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 me. In the event I can not 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 child, son, dependent.

Emergency Phone # _____ Emergency Phone # _____

This form must have parent or guardian signatures

Signature _____ Signature _____

Date _____ Date _____

Lead Guide Approval _____ Date _____