



BOY SCOUTS OF AMERICA

HOLD HARMLESS AGREEMENT PARENT INFORMED CONSENT

I understand that participation in the following activities:

**COPE or
Sea Kayaking Adventure**

offered through the 2010 Summer Camp Program 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/dependent), I have carefully considered the risk involved and have given

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

- COPE Course
- Sea Kayaking Adventure Weekend Weeklong Summer camp Special Booking

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 both parents or guardians signatures.

Signature _____ Signature _____

Date _____ Date _____

Camp Director Approval _____ Date _____