

**INFORMED CONSENT AND
HOLD-HARMLESS/RELEASE AGREEMENT**

**CAMP OLD INDIAN CLIMBING/RAPPELLING PROGRAM
BLUE RIDGE COUNCIL, BOY SCOUTS OF AMERICA**

To be filled out by the adult participant or the custodial parent, legal guardian or adult otherwise responsible for the supervision, care and safety of the participant named below.

I understand that participation in the COI CLIMBING/RAPPELLING PROGRAM offered through the Blue

Ridge Council, BSA, on _____ (dates) involves a certain degree of risk that could result in injury or death and that each participant is expected to use common sense, have proper clothing, be physically fit, be willing to follow instructions and work as a team with his unit and the program leaders, and take responsibility for his own health and safety.

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 (or myself), I have given

_____ (name) my consent to participate in the COI CLIMBING/RAPPELLING PROGRAM.

I do hereby release and hold harmless the Boy Scouts of America, Blue Ridge Council, Camp Old Indian, and their agents, servants, employees, and all volunteers, activity coordinators, and sponsors from all claims, liability, demands, rights and causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to the above mentioned climbing/rappelling program. I further release and hold-harmless the Blue Ridge Council, its affiliates, agents, servants, employees, officers, or directors from all claims, liability, demands, rights and causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to the above mentioned climbing/rappelling program.

I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to my child while involved in this activity, I consent to X-ray examination, anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physical and performed 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 attempted.)

Custodial parent/legal guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____

Phone numbers where relative can be reached during activity:

Name _____ Relation _____ Phone (____)

This Release is Required for all youth and adults taking the Rangers and ATE programs.