

Crossroads of America Council  
Boy Scouts of America  
COPE - Climbing / Rappelling Committee

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

(To be executed by participants younger than 18 years of age)

I understand that participation in the COPE Course, including initiative games, low course events, high course events and/or participation in the Climbing Tower, including initiative games, wall climbing, rappelling and chimney ascending offered through the Crossroads of America Council, Boy Scouts of America on \_\_\_\_\_date(s) 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 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, I have carefully considered the risk involved and have given \_\_\_\_\_ (printed name of son or daughter) my consent to participate in the COPE Course, including initiative games, low course events, high course events and/or participation in the Climbing Tower, including initiative games, wall climbing, rappelling and chimney ascending, and waive all claims I may have against the Boy Scouts of America, Crossroads of America Council, activity coordinator(s), all employees, volunteers, or other organizations associated with the COPE Course initiative games, low course events, high course events and/or the Climbing Tower initiative games, wall climbing, rappelling and chimney ascending.

In case of emergency, I understand every effort will be made to contact me. I have listed telephone numbers below. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Information:

Name & Telephone Numbers: \_\_\_\_\_

Other Emergency Instructions: \_\_\_\_\_

\_\_\_\_\_