

**Registered Scout or Scouter Individual
Release and Indemnity, Informed Consent, and
Hold Harmless Agreement**

I understand that participation in the Project C.O.P.E. and Climbing activity at Camp Lavigne, owned by the Columbia-Montour Council #504, Boy Scouts of America, OR at the designated, council approved climbing area listed below, 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, I have carefully considered the risk involved and have given consent for:

_____, (myself/ son/ daughter),

Please print full name

to participate as a **registered** member of troop/crew _____ of the _____ Council, in the Project C.O.P.E. and Climbing activity being held at: _____, and shall indemnify, hold free and harmless, assume liability for, and waive all claims I or we may have against the Boy Scouts of America, the Columbia-Montour Council #504, the activity coordinators/directors, and all employees, volunteers, related parties, chartered organizations, or other organizations associated with the Project C.O.P.E. and Climbing activity. I hereby defend the Boy Scouts of America, the Columbia-Montour Council #504, the activity coordinators/directors, and all employees, volunteers, related parties, chartered organizations, or other organizations associated with the Project C.O.P.E. and Climbing activity from any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums that may incur as a result of any demand for claim or assertion of liability under any municipality, state or federal law or cause of action, including any action under the Americans With Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to the Boy Scouts of America, the Columbia-Montour Council #504, the activity coordinators/directors, and all employees, volunteers, related parties, chartered organizations, or other organizations associated with the Project C.O.P.E. and Climbing activity. This release does not, however, apply to any harm caused by negligence or willful misconduct of the Columbia-Montour Council #504 or its volunteers and/or employees.

In case of an emergency involving myself or my child, I understand that every effort will be made to contact the following person:

Emergency Contact _____ **Phone #** (____)-____-_____

In the event that they cannot be contacted, and you are unable to gain approval from the contact, or from myself due to my condition, 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 medication for myself or my child. **Initial:** _____

Any medical conditions, cardiac history, or allergies we should be aware of:

Do you have an Epi Pen or Auto Injector present: Y / N Wearing Contacts: Y / N Are you pregnant: Y / N

I certify that I am not under the influence of any chemical substance, including alcohol, and hereby agree to the terms set forth in this agreement, and that I (or my son or daughter), as a participant, can meet the health and physical fitness requirements of the Project C.O.P.E. and Climbing activity.

Participants Signature*** _____ **Age** _____ **Date** _____

Troop Scoutmaster/Crew Leader: _____ **Phone #** (____)-____-_____

*****If the participant is under the age of 18, his or her parent/guardian must also sign below:**

Parent or Guardian Signature _____ **Date** _____

Print Name _____ **Phone #** (____)-____-_____