

YOUTH - PARENTAL

INFORMED CONSENT AND HOLD HARMLESS / RELEASE AGREEMENT FOR CLIMBING / RAPPELLING ACTIVITIES

I understand that _____ has afforded _____ my (Son / Daughter) the opportunity to climb and or rappel _____ (location) on ____/____/____ (date)

_____ my (Son / Daughter) desires to participate in this climbing and rappelling. I understand that while the climbing will be conducted in accordance with Boy Scouts of America (B.S.A.) Climb on Safely Guidelines and supervised by adult leaders trained as B.S.A. Climbing Directors and Instructors, that Climbing and Rappelling involve both known and unanticipated risks of severe injury or death which cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of the benefits to be derived and after carefully considering the risk involved, and understanding that this activity is voluntary, and having full confidence that precautions will be taken to ensure my safety and well-being, I have decided allow my (Son / Daughter) to participate in the activity.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless B.S.A., the Alamo Area Council, (sponsoring organization), _____ and the adult leaders, adult volunteers, and Scouts from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, **INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF B.S.A., THE ALAMO AREA COUNCIL, (sponsoring organization) AND THE ADULT LEADERS, ADULT VOLUNTEERS, AND SCOUTS.**

I have had sufficient opportunity to read this document. I have read and understand it.

PRINT PARTICIPANT NAME:	
PRINT PARENT OR GUARDIAN NAME:	
PARENT OR GUARDIAN SIGNATURE:	
DATE:	/ /

(Continued on other side when printed 2-sided)

MEDICAL INFORMATION FOR CLIMBING AND RAPPELLING

PARTICIPANT NAME:	FIRST	MI	LAST
PARTICIPANT PHONE:	() - ()		-
	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	WORK
PERSONAL PHYSICIAN:	() -		-
	NAME		PHONE
IN CASE OF EMERGENCY, PLEASE CONTACT:			
			() -
NAME			PHONE
PARTICIPANT AGE:		SPECIAL DIETARY CONSIDERATIONS:	
LIST REQUIRED MEDICATIONS:			
LIST KNOWN ALLERGIES:			
IF ALLERGIC TO BEE / INSECT STINGS, DO YOU HAVE AN EPI-PEN WITH YOU?			
DO YOU WEAR CONTACT LENSES?			
ARE YOU PREGNANT?			
ARE YOU AFRAID OF HEIGHTS OR EDGES?			
HAVE YOU HAD OR DO YOU NOW HAVE (CHECK ALL THAT APPLY BELOW):			
<input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ASTHMA	
<input type="checkbox"/> NERVE/MUSCLE PROBLEM	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> CHEST PAINS	
<input type="checkbox"/> DRUG REACTIONS	<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> BONE/JOINT PROBLEM	
IF YOU CHECKED <u>ANY</u> OF THE ABOVE, <u>EXPLAIN</u> BELOW & INCLUDE DATE(S):			
DO YOU HAVE ANY OTHER MEDICAL CONDITIONS THAT MIGHT INTERFERE WITH YOUR ABILITY TO PARTICIPATE IN STRENUOUS PHYSICAL ACTIVITY OF CLIMBING OR RAPPELLING OR TO FOLLOW DIRECTIONS?			
DO YOU HAVE A CURRENT BSA ANNUAL HEALTH AND MEDICAL RECORD INCLUDING THE SIGNED PART C AUTHORIZING TREATMENT IN THE EVENT OF EMERGENCY ON FILE WITH YOUR UNIT?			UNIT #
HAS YOUR SON EARNED THE CLIMBING MERIT BADGE?			
		/ /	
SIGNATURE OF PARTICIPANT		DATE	
		/ /	
SIGNATURE OF PARENT OR GUARDIAN		DATE	

(Continued on other side when printed 2-sided)