

PROJECT C.O.P.E.

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

I UNDERSTAND THAT PARTICIPATION IN PROJECT COPE OFFERED THROUGH THE GREAT RIVERS COUNCIL, BSA ON _____ 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 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 GIVEN _____ (SON/DAUGHTER) MY CONSENT TO PARTICIPATE IN PROJECT COPE, AND WAIVE ALL CLAIMS I MAY HAVE AGAINST BOY SCOUTS OF AMERICA, GREAT RIVERS COUNCIL, ACTIVITY COORDINATOR(S), ALL EMPLOYEES, VOLUNTEERS, OR SPONSORS ASSOCIATED WITH PROJECT COPE

IN CASE OF EMERGENCY, I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME. 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 MEDICATION FOR MY CHILD.

THIS FORM MUST HAVE BOTH PARENT/GUARDIAN SIGNATURES.

SIGNATURE

SIGNATURE

DATE

DATE