

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

I understand that participation in the **BSA's TROOP 87** activities offered through the Pacific Skyline Council, BSA, for the period covering **March 2007 – March 2008**, 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 _____ my consent to participate in **BSA's TROOP 87** activities and:

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against Boy Scouts of America Pacific Skyline Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in **BSA's TROOP 87** activities > I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA PACIFIC SKYLINE COUNCIL, BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN **BSA's TROOP 87** ACTIVITIES. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA PACIFIC SKYLINE COUNCIL, BSA'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS AND ATTORNEY'S FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event that 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 a parent/guardian signature.

Parent Signature

Telephone Number

Print Parents Name

Date

**PARENTAL INFORMED CONSENT AGREEMENT
FOR CLIMBING/RAPPELLING ACTIVITIES**

I understand that participation in climbing/rappelling activities offered through the Pacific Skyline Council, BSA, for the period covering **March 2007 – March 2008**, 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 _____ my consent to participate in climbing/rappelling activities.

In case of emergency, I understand that every effort will be made to contact me. In the event that 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 a parent/guardian signature.

Parent Signature

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Print Parents Name

Date