

**PARENTAL INFORMED CONSENT AGREEMENT, HOLD HARMLESS  
RELEASE AGREEMENT FOR CLIMBING / RAPPELLING ACTIVITIES**

I understand that participation in the climbing / rappelling activity offered through Troop 54, Osage Trails District, Great Rivers Council, BSA, on \_\_\_\_\_(dates), 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/ward), I have given \_\_\_\_\_ (name) (my son/ward) my consent to participate in \_\_\_\_\_(activity) on \_\_\_\_\_ (dates).

Futhermore, I hereby release and hold harmless, and waive all claims I have against the Boy Scouts of America, Great Rivers Council, Osage Trails District, Troop 54, all employees, volunteers and other organizations associated with the aforementioned activity.

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 (son/ward).

***(This form must have the signature of the parents, guardian or participant if over 18 years of age.)***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*