

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

I understand participation in the COPE Activities offered through the East Carolina Council, BSA, 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 COPE Activities, and:

**RELEASE AND INDEMNIFICATION**

I hereby release and waive any and all claims that I may have against Boy Scouts of America, East Carolina Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in COPE Activities. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA, EAST CAROLINA COUNCIL, BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN COPE. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA, EAST CAROLINA 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 ATTORNEYS' FEES.

In case of emergency, I understand that 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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Scouts Name \_\_\_\_\_

Unit # \_\_\_\_\_