
COPE and Climbing Consent Form

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All references to "participant" are deemed to include the parent or legal guardian of any participant who is a minor.

The Three Fires Council, BSA (hereinafter referred to as TFC), Freeland Leslie COPE and off-camp climbing Program may include initiative courses, new games, ropes course, climbing towers, rock climbing, caving, backpacking, being in an TFC vehicle, using safety equipment, hiking and camping in a primitive outdoor setting. Its purposes to provide participants from elementary school through adulthood safe, challenging, outdoor experiential activities requiring problem solving, decision making, self and group awareness, trust, cooperation, care and consideration for others. The activities will be discussed in light of the Program objectives that have been predetermined by our contact person, and group leaders at your organization. The Program is not recreational.

Participant is aware in signing this form that certain elements of the Program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers and injuries including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings, may exist in the Program's activities. Participant also agrees it is impossible for TFC to guarantee absolute safety.

Participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this Program, and agrees that neither TFC, its directors, employees nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to participant, in the absence of gross negligence imputable to TFC. Participant further agrees to release, indemnify and hold TFC, its directors, officers, staff and agents harmless from or for any claims, causes of action, liabilities or damages that may arise as a result of or in connection with his/her participation in the Program.

Participant expressly agrees to obey all of the Program safety regulations and direction by the Program's leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

Participant has read and understands the above form and understands the above Participant Agreement/ Acknowledgement and Release. Participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

WITH MY PARENT(S) I have completed the BSA Annual Health and Medical Record and will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being, while participating in the Program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation. ***Please dress according to the weather forecast for the entire day, keeping in mind temperatures, precipitation, sun, etc.***

Participant signature: _____ Date _____

PARENT/LEGAL GUARDIAN: I certify that the Health and Medical History on my child is complete and accurate. I fully understand the occasional vigorous nature of outdoor activities. I also understand that I will be notified as soon as possible in case of an emergency. I give my consent for emergency medical treatment and hereby authorize at my expense the calling of medical personnel to provide whatever emergency medical or surgical treatment necessary.

Parent signature: _____ Date _____

Name of Insurance Company: _____

TFC may use photographs or video of youth and adults participating in the Program for the purpose of marketing and describing TFC programming. Participant agrees to the use of his/her photo taken during Program in TFC publications and tools such as: brochures, flyers, informational videos, web site, annual reports and other marketing materials.

Participant signature: _____ Date _____

Parent signature: _____ Date _____
