

**Detroit Area Council, BSA**  
**Climbing**  
**Parental Informed Consent and Hold-harmless & Release Agreement**  
(Revised 1/25/03)

I understand that participation in the climbing/rappelling activity offered through the Detroit Area Council, BSA, on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date), 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 \_\_\_\_\_  
Name of son/daughter  
my consent to participate in the climbing activity on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).

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 THE SIGNATURE OF BOTH PARENTS/GUARDIANS**

\_\_\_\_\_  
Signature Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_