

INFORMED CONSENT AGREEMENT

I understand that participation in the _____ offered through the _____ Council, BSA, on _____ 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/self), I have given _____ (son/daughter/self) my consent to participate in _____ on _____. 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/self.

This form must have a parent/guardian signature if the participant is under the age of 18.

Signature

Telephone Number

Date