

**HIGH ADVENTURE PROGRAM****RELEASE AND HOLD HARMLESS – MEDICAL INFORMATION****Climbing – Rappelling – COPE****And other High Adventure Activities**

**PARTICIPANT, PARENT or GUARDIAN AGREEMENT:** I fully understand that vertical rope activities such as Climbing – Rappelling – COPE, and other High Adventure Activities involve a risk of injury. I further understand that participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and or total paralysis, death or other ailments that could cause serious disability. These risks and dangers may be caused by negligence of the owners, volunteers, employees, officers or agents of, but not limited to, Boy Scouts of America and/or West Central Florida Council, BSA; the negligence of the participants, the negligence of others, accidents, breaches of contract, the force of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or water route, water levels, risks of falling out and drowning while in a raft, canoe/kayak or other water vessel and such other risk, hazards and dangers that are an integral to recreational activities that take place in a wilderness, outdoor or recreational environment. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, volunteers or employees of Boy Scouts of America, BSA West Central Florida Council, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless and defend Boy Scouts of America, BSA West Central Florida Council and their owners, officers, volunteers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of equipment or my participation in Climbing, Rappelling, Ropes Course, Canoe/Kayak and other Water Vessels, Bicycling, and or other outdoor activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, volunteers or employees of Boy Scouts of America and or BSA West Central Florida Council. I fully understand that reference material exists, such as the COPE and CLIMBING / RAPELLING Director course material, ACCT Standards, Boy Scout Merit Badge pamphlets, etc., which describes the various safety precautions used, types of equipment, use of equipment, construction and inspection of High Adventure courses, equipment and Course usage log records, and basic activity fundamentals. This material is available thru the internet, the local library, the local Council Service Center, and the Boy Scouts of America. The West Central Florida Council highly recommends the participant read the available information and seek proper training and/or instruction prior to participating in any and all High Adventure activities.

In the 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.

*I have read the above waiver and release and by signing it agree. It is my intention to exempt and relieve all parties described therein from liability for personal injury, property damage or wrongful death.*

Participant Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If participant less than 18 years old)

Name of Parent or Guardian (please Print) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Attesting ALL Signatures \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

THIS FORM MUST BE ACCOMPANIED BY THE NEW BSA ANNUAL HEALTH & MEDICAL FORM (**PARTS A, B, and C NEED TO BE COMPLETED**), WHICH CAN BE DOWNLOADED FROM [http://www.scouting.org/filestore/HealthSafety/pdf/680-001\\_ABC.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf)