

Boy Scouts of America Troop 828, Sugar Land, Texas
Informed Consent to Participate

I understand that --

1. My child _____ will be participating in the following activity involving BSA Troop 828 of Sugar Land, Texas:

DATE: June 27 - July 1

ACTIVITY: Challenging Outdoor Personal Experience (COPE) composed of group initiative games, trust events, low course events, and high course events. Participants climb, swing, balance, rappel, and devise solutions to a variety of problems. The high course features ten elements, most of which 40' above the ground.

DEPART: Depart and return to Troop 828 base camp site daily from June 27 – July 1

RETURN: N/A

2. This activity includes transportation by vehicle of all participants to and from the above-mentioned location.
3. My child will not be permitted to depart for this activity unless a signed Consent-to-Treat Form (medical data sheet) and the signed Informed Consent Form are on file with the Scoutmaster of Troop 828, or the adult leader of this activity.
4. In the event of a medical emergency involving my child during this activity, and being unable to contact me or my designated physician, the adult leader may obtain medical treatment for my child at my expense, as designated and/or restricted by my child's Consent-to-Treat Form on file with Troop 828.
5. If during this activity the adult leaders deem it necessary that my child be removed from this activity, I agree to come and get my child or provide return transportation for my child as soon as possible.

Therefore, I agree that my child _____ may participate in this activity and, having full confidence that all reasonable safety precautions will be taken, I agree to abide by any decisions that adult leaders of this activity deem necessary to provide for the safety, well being, and good conduct of all participants. Also, in consideration of the benefits to be derived from this activity, and in view of the adventurous nature and voluntary membership of the Boy Scouts of America, I waive any and all claims against the leaders of this activity, and officers, agents, sponsors, and the representatives of the Boy Scouts of America, that may arise from my child's participation in this activity.

I have read and understand the above statement:

Signature of Parent or Guardian _____ Date _____

Phone numbers where I can be reached during this activity

Is this scout taking any medication? _____

If yes, what? _____

Do you want your child to self medicate?