

**PARENTAL INFORMED CONSENT AGREEMENT
FOR CLIMBING / RAPELLING ACTIVITIES**

I understand participation in the climbing/rappelling activity offered through the Suffolk County 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), I have given _____ my consent to participate in climbing/rappelling activity on _____.

In case of emergency, I understand that every effort will be made to contact me. In the event that 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 both parent/guardian signatures.

Signature

Signature

Telephone Number

Telephone Number

Date

Date