



C.O.P.E./Climbing Release

I understand that participation in the C.O.P.E. or Climbing Program (activity) offered through the Suffolk County 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 considered the risk involved and have given _____ (name of son/daughter) my consent to participate in C.O.P.E. or Climbing (activity) and waive all claims that I may have against the Boy Scouts of America, Suffolk County Council, activity coordinator(s), all employees, volunteers, or sponsors associated with C.O.P.E. or Climbing program.

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 signatures of both parents or guardians.

(Signature) (Date)

(Signature) (Date)

