

# RAINBOW COUNCIL CLIMBING PROCEDURES

## Parental and Medical Consent Form

### I. Scope:

Participants in the Climbing Tower activity must fill out the attached Parental Informed Consent and Hold Harmless / Release Agreement. Participants under the age of 18 must have the form signed by their parents or legal guardians.

### II. Requirements:

Participants in the Climbing Tower activity at the Rainbow Council Camp must complete the following requirements:

*Each participant must have a signed Parental Informed Consent and Hold harmless / Release Agreement (Attachment 1) signed before participation in an event. Participants under the age of 18 years old must have their forms signed by their parents or guardian.*

*Each participant must have an approved medical form completed prior to participation. The form must be accessible to event staff. The medical form must be appropriate for the event. For weekend events, a Type I physical is acceptable for scouts and leaders (Leaders under the age of 40).*

### Approvals

Preparer: \_\_\_\_\_ Date:  
\_/\_/\_

Reviewer: \_\_\_\_\_ Date:  
\_/\_/\_

Climbing Tower Director: \_\_\_\_\_ Date:  
\_/\_/\_

RCSR Camping Committee: \_\_\_\_\_ Date:  
\_/\_/\_

# ATTACHMENT 1

## Parental Informed Consent and Hold Harmless / Release Agreement

### ***HOLD HARMLESS/RELEASE AGREEMENT***

I understand that use of the camp facilities on April 18, 2009 (date) owned by Rainbow Council, BSA, and 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 a not-for-profit organization, I hereby release and hold harmless, and waive all claims I may have against Boy Scouts of America, Rainbow Council, BSA, activity coordinator(s), all employees, volunteers, or other organizations associated with the Cub-a-bunga Climbing activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_ / \_ / \_

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_ / \_ / \_

## ATTACHMENT 2

### MEDICAL INFORMATION/INFORMED CONSENT

Name:

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Personal physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Phone \_\_\_\_\_

Special dietary considerations:

\_\_\_\_\_

\_\_\_\_\_

List known allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List required medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are allergic to bee stings, do you have a bee sting kit?

Do you wear contact lenses? \_\_\_\_\_ Are you pregnant?

\_\_\_\_\_

Have you had or do you now have (circle if yes): Heart attack Diabetes  
Asthma Angina Epilepsy Chest pains Drug reactions High  
blood pressure Heart murmur

If you answered 'yes' to any of the above, explain and include a date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other medical conditions that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL INFORMATION/INFORMED CONSENT Page 2

**I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the Rainbow Council Climbing Tower program is entirely voluntary. I release Rainbow Council, its employees, and staff from any claims or liability arising out of my participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of Rainbow Council or its employees.**

**Please print clearly.**

**Name:**

\_\_\_\_\_

**Participant's signature\***

**Date:** \_\_/\_\_/\_\_

**\*If the participant is under age 18, a parent or guardian must also sign below:**

**Name:**

\_\_\_\_\_

**Signature of parent or guardian:**

**Date:** \_\_/\_\_/\_\_

