

**Parental Consent Form**  
for the  
**Climbing Tower**



Please print all information listed.  
Please complete a separate form for each Scout participating in Climbing Tower activities.

Scout's Name: \_\_\_\_\_ Age: \_\_\_\_ Troop No.: \_\_\_\_\_ Session: [1] [2] [3] [4] [5]

Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Hold Harmless Agreement**

I understand that participation in the Climbing Merit Badge or any Climbing Tower activity offered through the Black Swamp Area Council, Boy Scouts of America summer camp program involves a certain degree of risk that could result in injury or death. In consideration of benefits to be derived by its participants and after carefully considering the risk involved in these activities 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 hereby give my consent for my son/daughter: \_\_\_\_\_ to participate in the  
Please print name of son/daughter  
aforementioned selected activity. I waive all claims I may have against the Black Swamp Area Council, Boy Scouts of America, or Camp Berry's activity coordinator(s), all employees, volunteers or sponsors associated with the aforementioned activities.

In case of an 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.

*This form must have the signatures of the participant and the parent and/or guardian.*

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

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

*In case of emergency contact the following individual:*

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Alternate Contact person:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_