



**Parental Informed Consent Agreement
for Climbing, BB Gun, and Archery activities
Enter Event Name on January 1, 2006**

Youth Name: _____

CLIMBING PERMISSION:

I understand that participation in the climbing activity offered through Twin Valley Council, Boy Scouts of America on January 1, 2006 involves a certain degree of risk that could potentially 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, I have given my son my consent to participate in top-roped climbing on the portable climbing wall at Address & City, Minnesota on January 1, 2006.

My son has permission to participate in climbing activities: _____ Yes _____ No (*please initial*)

PHOTO RELEASE:

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my child's visit to the Twin Valley Council recruiting event listed above, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representation and/or sound recording without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

_____ Yes _____ No (*please initial*)

MEDICAL INFORMATION AND EMERGENCY RELEASE:

Health Concerns: Check if subject to the following. Write in any health concerns not listed below.

Asthma Fainting Spells Convulsions Heart Trouble Diabetes Blood Disorder Allergies

Health concerns: _____.

Any restrictions of activity for medical reasons? Explain: _____.

Parent Authorization: This health history is correct as I know, and the youth herein described has permission to engage in all prescribed activities, except as noted by me. 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.

Parent's signature: _____ **Date:** January 1, 2006 .

Parent's printed name: _____.

Emergency Contact Phone Number: _____.