

HIGH ADVENTURE PROGRAM

RELEASE & HOLD HARMLESS - MEDICAL AUTHORIZATION

SCUBA - Climbing – Rappelling – COPE

And other High Adventure Activities

**PARTICIPANT & PARENT/GUARDIAN AGREEMENT:** I fully understand that High Adventure Activities including, but not limited to, SCUBA Diving, Climbing – Rappelling – COPE (vertical rope activities), and Canoe – Kayak - Watercraft involve risk. I further understand that participation in such activities and the use of the related equipment may result in bodily injury including, but not limited to illness, disease, strains, fractures, partial and or total paralysis, serious and permanent disability, or death. These risks and dangers may be caused by the negligence of the participants, youth and adult leaders, guides, instructors, and the agents, volunteers, employees, or officers of the Boy Scouts of America, the West Central Florida Council, BSA, and/or the chartered sponsors of scouting units (the RELEASED PARTIES). The risks and dangers may arise from the hazards and dangers that are encountered in High Adventure Activities. These risks may be foreseeable or unforeseeable and they may include, but are not limited to, the decision making of the guides, instructors or of the adult and youth leaders. The decisions may misjudge weather, equipment, terrain, trail or water route, water levels, or risks of falling from and drowning while in and around watercraft.

In consideration for my voluntary participation in High Adventure Activities and for my use of the associated equipment, I HEREBY ASSUME ALL RISKS AND DANGERS AND ALL RESPONSIBILITIES FOR ANY INJURIES, LOSSES, DAMAGES AND/OR DEATH, WHETHER CAUSED IN WHOLE OR IN PART BY THE RELEASED PARTIES. On behalf of myself, my personal representatives and my heirs I hereby voluntarily agree to release, waive, discharge, hold harmless and defend the RELEASED PARTIES from any and all claims or actions which may arise out of my use of equipment or my participation in High Adventure Activities. I specifically understand that I am releasing, discharging and waiving all claims or actions that I may have presently, or in the future, for the acts, conduct and decisions of the RELEASED PARTIES which arise out of High Adventure Activities.

I acknowledge that reference material exists, such as PADI diving manuals, COPE and Climbing/Rappelling Director Course Material, ACCT Standards, Boy Scout Merit Badge pamphlets, etc., which describe procedures, safety precautions, proper equipment selection and use, the construction and inspection of High Adventure courses/equipment, and the maintenance of course usage logs and records. I understand that this material is available through the internet, the local library, the local council service center, and the Boy Scouts of America. I also understand that the West Central Florida Council highly recommends that participants review reference material and obtain instruction or training before participating in High Adventure Activities.

**PARENT ACKNOWLEDGMENT:** In the case of emergency, I understand that every reasonable 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.

*I have read the above waiver, release, and agreement not to sue, and by signing it agree. It is my intention to exempt and relieve all parties described therein from liability for personal injury, property damage and/or wrongful death.*

Participant Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Participant (please print)

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

(If participant less than 18 years old) Name of Parent or Guardian (please Print) \_\_\_\_\_

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

Witness Attesting ALL Signatures: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

THIS RELEASE & HOLD HARMLESS MUST BE ACCOMPANIED BY A TYPE 2 MEDICAL FORM (LESS THAN 72 HOUR ACTIVITY), OR A TYPE 3 MEDICAL FORM (LONGER THAN 72 HOUR ACTIVITY). FOR PARTICIPANTS OVER THE AGE OF 40, A TYPE 3 MEDICAL FORM IS VALID FOR ONLY 1 YEAR. (At the discretion of the course Director, and the West Central Florida Council employees, volunteers or staff, a Type 1 Medical Form may be accepted, based on a case by case evaluation, and dependant on the duration and type of event, and the apparent physical condition of the participant)