**Parental Informed Consent and Hold Harmless/Release Agreement For Climbing and Rappelling Activities**

I understand that Crew has afforded my son or daughter the opportunity to participate in Climbing and Rappelling during the Crew

outing to (location) on

(date). My son or daughter desires to participate in Climbing and Rappelling. I understand that while the Climbing and Rappelling will be conducted in accordance with Boy Scouts of America (B.S.A.) Climb on Safely Guidelines and supervised by an adult leader trained as a B.S.A. Climbing Director or Instructor, that Climbing and Rappelling involve both known and unanticipated risks of severe injury or death which cannot be eliminated without jeopardizing the essential qualities of the activity. In consideration of the benefits to be derived and after carefully considering the risk involved, and understanding that this activity is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son or daughter, I have given (my son or daughter) my consent to participate in the activity. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the B.S.A., Area 3 of the Southern Region, the Capitol Area Council,

(sponsoring organization), Crew , the adult leaders, adult volunteers, and Scouts from any and all claims, demands, or causes of action, which are in any way connected with my son or daughters’s participation in this activity, **INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF THE B.S.A., AREA 3 OF THE**

**SOUTHERN REGION, THE CAPITOL AREA COUNCIL,**

**(sponsoring organization) CREW**  **, THE ADULT LEADERS, ADULT VOLUNTEERS, AND SCOUTS.**

**I have had sufficient opportunity to read this document. I have read and understand it.**

**Scout’s Name:**

**Parent or Guardian:**

**Date:**

**Capitol Area Council/NRA Venturing Shooting Sports RELEASE**

I hereby grant to Capitol Area Council, BSA, and the National Rifle Association of America, the right and permission to copyright and/or use, reuse, publish and/or republish photographic images or pictures of me taken during the Capitol Area Council Venturing is Happening event for advertising/promotion purposes.

I hereby release, discharge and agree to hold harmless the Capitol Area Council, BSA, or NRA from any liability from use of the above-mentioned photography or use of my name. I understand that I will have no control over the manner of use of materials produced and hereby waive any right to pre- approve or inspect materials prior to distribution.

I also hereby waive and forever discharge claims for damages which the listed individual, their heirs, executors and administrators may accrue against the Capitol Area Council, Boy Scouts of America or the NRA, their representative agents, and accompanying shooting sports leaders, arising from any injuries, physical or mental, suffered in connection with this sponsored event.

Signature of Venturing is Happening participant Date

**If a minor,** signature of Parent or Legal Guardian Date

# Capitol Area Council, Boy Scouts of America Photo Release

**Venturing is Happening, September 14, 2019**

I hereby release, discharge and agree to hold harmless the Capitol Area Council, BSA, from any liability resulting from use of the above-mentioned photography or use of my name. I understand that I will have no control over the manner of use of materials produced and hereby waive any right to pre-approve or inspect materials prior to distribution.

I hereby grant to Capitol Area Council, BSA, the right and permission to copyright and/or use, reuse, publish and/or republish photographic images or pictures or video of me taken during the Venturing is Happening event for advertising/promotion purposes.

Signature of Participant Name of Participant Printed

**If a minor,** signature or parent or guardian Name of Parent or Guardian Printed

Date

LPSR COWBOY ACTION SHOOTING PROGRAM

PARTICIPATION AND HOLD HARMLESS AGREEMENT

Lost Pines Scouting Reservation/The Capitol Area Council/The \_\_\_\_\_\_\_\_\_\_ District will be conducting a Scout cowboy action shooting program. In this program, Scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA Certified Instructors. Scouts will be required to wear eye protection and hearing protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun Instructor(s).

I, the undersigned, give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in this activity.

I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct of LPSR, the LPSR shooting ranges and the LPSR Cowboy Action Shooting program. I release the Boy Scouts of America, the Capitol Area Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of my child’s participation in this activity.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed for not following the rules below.

1. Complete a range safety briefing.

2. Wear all safety gear at all times while on the range.

3. Follow all the safety rules provided in the briefing.

4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).

5. Handle the firearms only as, and when, instructed to do so by the instructor(s).

I hereby certify that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is 14 years of age, or 13 years of age and has completed the eighth grade, as of the start of the class.

Participant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_