RELEASE AND ASSUMPTION OF RISK FORM

YOUR GROUP'S NAME_____

YOUR NAME_____

In consideration of my participation in Project COPE, I hereby release and agree to Indemnify and save harmless Golden Spread Council, Boy Scouts of America, its volunteers, successors, assigns, officers, agents, and employees from all claims, including liability for personal injury of whatever kind, property damage, and loss of life of property arising out of said Outdoor activity. Furthermore, I acknowledge that there is risk inherent in my participation in Project COPE, and I fully assume all such risks, hazards, and losses that are connected with such activities.

I have read this waiver and knowing that Project COPE and Camp Don Harrington is potentially dangerous and consideration of my participation in this activity, I for myself and anyone entitled to act on my behalf waive and release Golden Spread Council, Boy Scouts of America, volunteers, officers, employees or agents from all claims and liabilities of any kind arising out of my participation in this activity.

This is the_____day of_____,_____

Printed Name_____

Signature_____

IF UNDER 18, PARENT OR GUARDIAN

THIS FORM MUST BE COMPLETED IF FULL PRIOR TO YOUR PARTICIPATION IN COPE.

PERSONAL HEALTH AND MEDICAL RECORD FORM

Full Name_____

Address_____ City/State/Zip_____,_____

Home Phone _____ Circle One: Male Female

Date of Birth_____ Age_____ Grade_____

HEALTH/ACCIDENT INSURANCE_____

POLICY NUMBER_____

Religious Preference_____

In the event of an Emergency, We should notify:

Name_____ Relationship_____

Home Phone_____ Work/Cell Phone_____

Personal Physician_____ Physician's Phone_____

Emergency Medical Information:

Allergy to medicine, food, plant, animal, or insect/bee toxin: Yes No

Please Explain Allergy:_____

*If you are allergic to bee stings do you have a kit/pen? Yes No

Any condition that may require special care (Please circle all that apply):

Asthma	Convulsions	Heart Trouble	Bleeding Disorders
Diabetes	Fainting Spells	High Blood Pressure	Dentures

If circled above, Please Explain_____

Are you pregnant? Yes No

Please list any other medical conditions or recent surgeries that we should be aware of?_____

I am not under the influence of any chemical substance, including alcohol. Understanding that any personal activity involves a risk of injury, I understand that my participation in the Golden Spread Council Project COPE program is entirely voluntary. I release Golden Spread 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 Golden Spread Council or its employees.

Participant's signature_____ Date_____

If participant is under age 18, his or her parent or guardian must also sign below:

Parent or guardian's signature_____ Date_____