CHALLENGE COURSE and CLIMBING/RAPPELLING

HEALTH HISTORY AND CONSENT FORM ADULT OR CHILD

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You are about to take part in a challenge (ñropesò) course experience and or climbing/rappelling (ñactivityò) offered through the Boy Scouts of America, Laurel Highlands Council on _____ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of ñmoderate exertion,ò which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of ñvigorous exertion,ò which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

Å Pregnancy (climbing harness can injure uterus)
Å Kidney or liver transplant (climbing harness can injure transplanted organ)
Å Healing fracture or joint injury (should be cleared by treating physician)
Å Recent surgery (should be cleared by treating physician)
Å Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

Health History

See reverse for Hold Harmless Agreement and Signature Line

Participant Name:			
	First	Middle	Last
Telephone:			
	Home	Work	
Personal physician			
	Name	Telephone:	
In case of emergency, please contact:			
	Name	Telephone:	
Special dietary considerations:			
List known allergies:			
List required medications:			
If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)? No			
Do you wear contact lenses? No	Are you pregnant? No		
Have you had or do you now have: ☐ Heart attack ☐ Diabetes ☐ Asthma ☐ Angina Epilepsy ☐ Chest pains ☐ Drug Reactions ☐ High blood pressure ☐ Heart murmur If you checked any of the above, explain and include date: Do you have any other medical conditions that we should be aware of?			

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, 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, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release the Boy Scouts of America, the local 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 this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees

In case of emergency involving my child, 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.

Participantôs signature* _____Date _____

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

Parentôs or guardianôs signature _____ Date _____

Talent Release Form

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the name, photographs/film/video tapes/electronic representations and/or sound recordings made of my child by the Boy Scouts of America, 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 representations and/or sound recordings 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.

PLEASE PRINT CLEARLY

Name: _____
Address: _____
City: _____State: _____
Phone Number: _____
Signed: _____
Parent/Guardian: _____
(if under the age of 18)