

Parental Informed Consent Agreement
COPE Program

I understand that participation in the COPE program offered through the **Middle Tennessee Council**, BSA on _____ (date), involves a certain degree of risk that could result in injury or death.

In consideration of the benefits 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 / daughter), I have given _____(name) my consent to participate in the COPE program on _____(date).

I certify that this participant can meet the health and physical fitness requirement of this activity.

In the event of illness or injury occurring to my (son / daughter) while involved in this activity, I consent to x-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

Signature of Parent of Guardian

Please Print Name

Date