

Boy Scouts of America  
Pacific Skyline Council

**PARENTAL INFORMED CONSENT and  
RELEASE/INDEMNITY/HOLD-HARMLESS AGREEMENT**

*(REQUIRED for ALL under 18 participants)*

I understand participation in the Camp Oljato Program activities offered through the Pacific Skyline Council, BSA, at Camp Oljato involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be 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, I have given \_\_\_\_\_ (son's name) my consent to participate in the Camp Oljato Program activity, and:

**RELEASE and INDEMNIFICATION**

I hereby release and waive any and all claims that I may have against Boy Scouts of America Pacific Skyline Council, BSA and their employees, agents, representatives, or volunteers arising from my child's participation in Camp Oljato Program. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS BOY SCOUTS OF AMERICA PACIFIC SKYLINE COUNCIL, BSA, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN Camp Oljato Program. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE BOY SCOUTS OF AMERICA PACIFIC SKYLINE COUNCIL, BSA'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEYS' FEES.

In case of emergency, I understand that 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.

**This form must be signed by both parents/guardians.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date