

## **Participant Consent Agreement For Project Cope Activities**

I understand that participation in the Project Cope activity offered through the Aloha Council, BSA, on \_\_\_\_\_ (Date), 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 my safety and well-being, I, \_\_\_\_\_ (Name), give my consent to participate in Project Cope activities on \_\_\_\_\_ (date).

In case of Emergency, 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.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date