

RAPPELLING CLINIC VISITOR REGISTRATION

WELCOME! On behalf of the Simon Kenton Council, BSA Rappelling Sub-Committee, we are happy that you have chosen to spend time with us today,

Rappelling is an activity that is potentially dangerous and has some inherent risk. This activity requires that all participants carefully listen and follow all instructions given to them by the RappelMasters and other site volunteer staff. It is very important to all of us to keep this a safe program and ask for your cooperation in maintaining a safe environment, and we reserve the right to dismiss participants who pose a threat to themselves or the safety of others.

The Simon Kenton Council Rappelling Sub-Committee is a non-profit organization that benefits greatly from your donations. There is a suggested donation of \$15.00 per person to help defray our equipment retirement/replacement costs.

We hope you enjoy your experience today and look forward to seeing you at another outing soon!
Sincerely,

The Simon Kenton Council Rappelling Sub-Committee

INFORMED CONSENT AGREEMENT

I understand that participating in the Rappel Clinic Visitor's Day offered through the Simon Kenton Council Rappelling Sub-Committee, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and give

_____, my consent to Rappel on this
19th day of March, 2011.

____ (Initial) I UNDERSTAND THAT THIS ACTIVITY IS INHERENTLY DANGEROUS AND THAT I COULD BE RISKING INJURY, EVEN DEATH, BY PARTICIPATING IN THIS ACTIVITY AND MY PARTICIPATION IN THIS ACTIVITY IS ENTIRELY VOLUNTARY. I KNOW, UNDERSTAND, AND APPRECIATE THESE AND ALL OTHER RISKS THAT ARE INHERENT IN MY PARTICIPATION AND I PERSONALLY ASSUME ALL SUCH RISKS, WHETHER FORESEEN OR UNFORESEEN.

Participant Name: _____

Date of Birth: _____

Address: _____

City, ST Zip: _____

Phone Number: (____) ____-_____

Signature: _____

Parent/Guardian Signature: _____

(If under 18 years of age)

HOME