

Joshua Tree Climbing Activity Consent & Hold Harmless/Release Agreement

Joshua Tree National Park Climbing Rules

- 1) All participants must present this signed agreement to participate in any climbing activity along with a completed Annual BSA Health and Medical Record form, sections A, B & C.
- 2) Helmets must be worn at all times.
- 3) Belayers must be anchored or backed up by a trained Adult.
- 4) Everyone needs Parent Permission to climb or boulder on natural rocks. See attached Hold Harmless agreement.
- 5) BSA Climb-On-Safely Rules will be used. Please refer to *Guide to Safe Scouting* for full guidelines. Summary information is provided below.
- 6) The Lead Climbing Instructor has final approval for all participants who may or may not be allowed to climb.

Climb-on-Safely

Each of the following elements plays an important role in the overall Climb-On-Safely. Fun and safe climbing/rappelling activities require close compliance of Climb-On-Safely by the adult supervisor and instructor.

- 1) Qualified Supervision
- 2) Discipline
- 3) Physical Fitness
- 4) Safe Area
- 5) Equipment
- 6) Planning
- 7) Environmental Conditions
- 8) Qualified Instructors

Hold Harmless Agreement

I understand that participation in the CLIMBING ACTIVITIES offered through the Boy Scout Troop 789 and Boy Scouts of America, 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/daughter), I have given my son consent to participate in CLIMBING ACTIVITIES, and waive all claims I may have against Boy Scouts of America, San Diego Imperial Council, Troop 789 and the adult leaders leading associated with the CLIMBING ACTIVITIES.

In case of emergency, 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.

This form must have a parent/guardian signature.

Signature _____

Date _____

Print Name _____