

“FOR BEAR, WEBELOS 1 and WEBELOS 2 SCOUTS ONLY”

Black Swamp Area Council, B.S.A. *The TOWER ~ Camp Berry*

Are you looking for a CHALLENGE?

❖ The TOWER

Have you ever wondered what it would be like to climb to the top of a mountain, or rappel down a rope from the heights of treetops? The skills that you will learn here are the *basics* that every expert climber had to master, when they first started to climb and rappel.

The TOWER consists of five large wooden poles, four enclosed sides, and a gable roof over the top deck. With the proper number of staff members present, it can accommodate up to two climbers and two rappellers at the same time.

Climbing and Rappelling activities must be age appropriate and geared to the skill level of each participant. If you are a Cub Scout or older, you may climb (about 6' off the ground). If you are a Webelos Scout or older, you may climb (to the top of the tower) and rappel (down.)

PARENTAL INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT (Participants under 18 Years of age)

I understand that participation in Project Tower offered through the Black Swamp Area Council, BSA, on 7/28 – 8/1/08 involve 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 carefully considered the risk involved and have given (Scout name) _____ (Pack #) _____

(Rank) _____ my consent to participate in Project Tower, and waive all claims I may have against the Boy Scouts of America, Black Swamp Area Council, activity coordinator(s), all employees, volunteers, or other organizations associated with the Project Tower.

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 signatures of both parents or guardians.

(Signature)

(Signature)

(Date)

(Date)