



## **C.O.P.E. PARENTAL INFORMED CONSENT AGREEMENT**

I understand that participation in the \_\_\_\_\_  
(activity)  
offered through the Greater Niagara Frontier 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 the safety and well being of my  
son, I have given \_\_\_\_\_ my  
(name)  
consent to participate in \_\_\_\_\_ on  
(activity)  
\_\_\_\_\_.  
(date)

**This form must have both parents/guardian signatures.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)