

**C.O.P.E. Informed Consent Form**

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the Gateway Area Council C.O.P.E. Programs are entirely voluntary. I release the Gateway Area Council, its employees and staff from any claims or liability arising out of my participation. This release does not, however, apply to harm caused by negligence or willful misconduct of the Gateway Area Council or its employees.



Participant's Name: \_\_\_\_\_

Troop # \_\_\_\_\_ Campsite: \_\_\_\_\_ Camp Week: \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(For those under 18)