

## **General Hold Harmless Agreement**

I/WE acknowledge that participation in activities organized by the Bay Area Council, Boy Scouts of America, may involve risks including, but not limited to, physical injury, property damage, illness, or other unforeseen circumstances. In consideration of being permitted to participate or work at Camp Karankawa or any other location designated by the Bay Area Council, I/WE agree as follows:

I/WE, intending to be legally bound for myself and/or my child, my heirs, assigns, executors, or administrators, accept full responsibility for any bodily injury, property damage, death, disability, or financial losses, including but not limited to medical costs and time lost from work or school, that may arise from participation.

I/WE understand that participation in Scouting-related or volunteer-led activities may include, but is not limited to, hiking, swimming, boating, climbing, camping, and the use of tools and equipment, and that these activities carry inherent risks.

| I/WE understand that staff and volunteers wand unforeseen events may still occur.                                                                                                 | vill take reasona                                              | ble precautions to ensure safet                                                                    | ty, but accidents                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------|
| I,, shall inder<br>chartered affiliates, agents, servants, employ<br>including but not limited to attorney's fees, in<br>may arise from any demand, claim, or assert<br>participa | vees, officers, and<br>nvestigative and<br>ion of liability re | d directors from any and all co<br>discovery costs, and any othe<br>elated to my or my minor child | sts and expenses<br>r expenses that<br>'s: |
| to the Boy Scouts of America or the Bay Area                                                                                                                                      | a Council.                                                     |                                                                                                    |                                            |
| This agreement also applies to any action or employees, officers, or directors.                                                                                                   | omission by the                                                | Bay Area Council, its member                                                                       | s, agents, guests,                         |
| Participant Signature:                                                                                                                                                            |                                                                | Date:                                                                                              | _                                          |
| Cell #:                                                                                                                                                                           | -                                                              |                                                                                                    |                                            |
| Parent/Guardian Signature (if participant is                                                                                                                                      | a minor):                                                      |                                                                                                    | _                                          |
| Date:                                                                                                                                                                             | Cell #:                                                        |                                                                                                    | _                                          |
| Unit Leader Signature:                                                                                                                                                            | Cell #: _                                                      |                                                                                                    | _                                          |