

Cradle of Liberty Council 2014 Venturing Weekend

THE HUNGER GAMES

Come join the COL VOA for our annual Venturing Weekend! This weekend is open to all Scouts from 14-20 years old. The event costs \$32 per person. Register early, because after Tuesday, April 1st, the cost will rise to \$37. The cost includes admission to all activities, a campsite, Friday cracker-barrel, Saturday meals, and Sunday breakfast.

Register online at <http://www.colbsa.org/hungergames>

May the odds be ever in your favor!



**April 25th -
27th**

**ACTION ARCHERY
PISTOL AND RIFLE
SHOOTING
COPE
GEOCACHING
SPEAR THROWING
SURVIVAL SKILLS
TOMAHAWK THROWING
CAMPFIRE
ULTIMATE FRISBEE
MANHUNT
FIELD SPORTS**



Questions or comments? Contact the
Venturing President, Katherine Monroe,
at kmonroe248@gmail.com

PROJECT COPE

(To be completed and brought with you to the Course)

HOLD HARMLESS AGREEMENT

I understand that use of the camp facilities on _____ **(date of event)** owned by the Cradle of Liberty Council, BSA, 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 a non-profit organization, I hereby release and hold harmless, and waive all claims I may have against the Boy Scouts of America, the Cradle of Liberty Council, BSA, Council COPE Chairman Stephen Thomson and all members of the COPE Committee, activity coordinators, all employees, volunteers, or other organizations associated with the COPE program and COPE Course owned by the Cradle of Liberty Council.

Signature of Participant

Date

Signature of Parent or Guardian
(if participant is under 18 years of age)

Date

PARENT'S CONSENT AND AGREEMENT (if participant is under 18 years of age)

I hereby grant permission for my child, _____ to participate in the above mentioned COPE day program. I agree that if, in the proper judgment of the event coordinators, my child is not acting in accordance with the promise below, that I will be responsible for removing him from the trip.

I hereby grant permission to the event coordinators to provide any medical care to the above mentioned child on the above mentioned date(s) that they deem necessary and proper in the case of an emergency. Also, I understand that I will be contacted at the earliest convenient time.

This document shall also serve as authority for any hospital and/or health care provider to render medical treatment to the above named child should treatment be deemed necessary by the medical staff of the facility or the event coordinators on the trip. I/We further agree to be completely responsible for any bills or payments that occur in providing medical care.

Signature of Parent or guardian

Date

PARTICIPANT'S PROMISE

While participating in COPE day, I promise to behave in a safe and responsible manner and to adhere to the Scout Oath and Law or Venture Code and the Outdoor Code. I acknowledge that my parent(s)/ guardian will be called to remove me from the trip if I do not keep this promise.

Participant's Signature

Date