INFORMED CONSENT AGREEMENT

I understand that participation in the ____________________________ offered through the ____________________________ Council, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given ____________________________ , my (son/daughter), (Name) my consent to participate in ____________________________ on ____________________________ on ____________________________ (Activity) (Dates)

This form must have both parent/guardian signature(s):

__________________________________________________  ________________________________________________
Name (Please print.)  Name (Please print.)

______________________________________________  ________________________________________________
Signature  Signature

__________________________________________________  ________________________________________________
Date  Date

Telephone number(s) (area code included) ______________________________________________________________