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 ___________________

(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) __________________________________________________________