



Pack #15



INFORMED CONSENT AGREEMENT

I understand that participation in the _____ offered through
(Activity)
Pack 15 of the Saugahatchee District, Chattahoochee Council, Boy Scouts of America, involves a certain degree of risk.

I have carefully considered the risk involved and have given _____,
(Name)
my (son/daughter), my consent to participate in _____
(Activity)
on _____
(Dates)

Signatures below authorize the use of photographs or video taken during this activity to be used in local newspaper, Pack 15, Saugahatchee District, and Chattahoochee Council presentations, publications and websites.

Parent/Guardian signature(s):

Name (Please print.)

Name (Please print.)

Signature

Signature

Date

Date

Telephone number(s) (area code included) _____
