



INFORMED CONSENT AGREEMENT

I understand that participation in the _____ offered through
(Activity)
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 _____ with this Unit _____
(Dates) (Pack/Troop/Crew)

Signatures below authorize the use of photographs or video taken during this activity to be used in local newspaper, 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) _____
