INFORMED CONSENT AGREEMENT

I understand that participation in the	(Activity)	offered through the	
	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)	
This form must have both parent/guardian signature(s):	:		
Name (Please print.)	Name (Ple	Name (Please print.)	
Signature	Signa	Signature	
Date	Da	Date	
Telephone number(s) (area code included)			