

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 (Please print.)

Signature

Signature

Date

Date

Telephone number(s) (area code included)