INFORMED CONSENT AGREEMENT

I understand that participation in the		offered through the	
	(Activity)		
	Council, Boy Scouts of America, involv	ves 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 (F	Name (Please print.)	
Signature	Sig	Signature	
Date]	Date	
Telephone number(s) (area code included)		_	