

# INFORMED CONSENT AGREEMENT

I understand that participation in the \_\_\_\_\_ offered through the  
(Activity)

\_\_\_\_\_ Council, Boy Scouts of America, involves a certain degree of risk. I have

carefully considered the risk involved and have given \_\_\_\_\_, my (son/daughter),  
(Name)

my consent to participate in \_\_\_\_\_ on \_\_\_\_\_  
(Activity) (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) \_\_\_\_\_