## INFORMED CONSENT AGREEMENT

I understand that participation in the		offered through the	
	(Activity)	-	
	Council, Boy Scouts of America, inv	olves a certain degree of risk. I have	
carefully considered the risk involved and have given	(Name)	, my (son/daughter),	
my consent to participate in		on	
	(Activity)	(Dates)	
This form must have both parent/guardian signature(s)	:		
Name (Please print.)	Name	Name (Please print.)	
Signature		Signature	
Date		Date	
Telephone number(s) (area code included)			