

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_

## **Informed Consent, Release Agreement and Authorization**

I hereby assign and grant to the local council, Learning for Life, Exploring, and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Exploring activities, and I hereby release Learning for Life, Exploring, the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/ or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, Exploring, and the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature for youth \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under the age of 18)