INFORMED CONSENT AGREEMENT			
I understand that participation in the	(Activity)	offered throu	igh 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/dau	ighter),
my consent to participate in	(Activity)	on(Dates)	
This form must have both parent/guardian signature(s):			
Name (Please print.)	Na	ame (Please print.)	
Signature		Signature	
Date		Date	
Telephone number(s) (area code included)			