



BOY SCOUTS OF AMERICA

Bay-Lakes Council
2555 Northern Road
P.O. Box 267
Appleton, Wisconsin 54912-0267
(920) 734-5705

Unit # _____ Parents: Please read and sign both statements:

Talent Release

I hereby assign and grant the Bay-Lakes Council, Boy Scouts of America, the right and permission to use and publish the **photographs/film/video tapes/electronic representations and/or sound recordings** made of me this date by the Bay-Lakes Council, Boy Scouts of America, and I hereby release the Bay-Lakes Council, Boy Scouts of America, from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/ film/ video tapes/ electronic representations and/or sound recordings without limitation at the discretion of the Bay-Lakes Council, Boy Scouts of America, and I specifically waive any right to any compensation I may otherwise be entitled to for any of the foregoing.

Scout Signature _____ Parent/Guardian Signature _____
(If youth under 18) Date _____

BSA Required Release Authorization for Campers

The following information is required by the Bay-Lakes Council and Boy Scouts of America. Your signature will allow the youth named here to leave camp for out of camp activities such as hiking, tubing, biking and outpost camping, etc. or of they need to attend an athletic or other activity in their hometown.

Authorization is granted for the release (transportation) of (Scout's name) _____ to unit leaders, adult employees, staff volunteers, camp staff of the Bay-Lakes Council Camps, Boy Scouts of America AND THE FOLLOWING INDIVIDUALS:

1. _____
2. _____
3. _____

Parent/Guardian Name: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Signature: _____ Date _____