

ALL STAFF MUST FILL THIS OUT:**PHOTO (TALENT) RELEASE STATEMENT**

I hereby assign and grant to the Boy Scouts of America, Erie Shores Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my visit to Pioneer Scout Reservation by the Boy Scouts of America, and I hereby release the Boy Scouts of America Erie Shores Council 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 Boy Scouts of America, Erie Shores Council and I specifically waive any right to any compensation I may have for any of the foregoing.

By signing below, I acknowledge I have read the above and agree with the Photo (Talent) Release Statement.

Participant Signature

Parental Signature (if applicant under 18)

UNDER 18 STAFF MUST FILL THIS OUT:**PARENTAL INFORMED CONSENT AGREEMENT**

I understand that participation in the Pioneer Scout Reservation Summer Camp Staff offered through Erie Shores Council, BSA from May 7, 2021 until May 9, 2021 and June 9, 2021 until August 7, 2021 involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in review of the fact that the Boy Scouts of America is an organization in which membership is voluntary and having full confidence that precautions will be taken to ensure the safety and well-being of my youth. I have given _____ (name of youth) my consent to participate in this activity.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician and/or hospital selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my youth.

Signature of parent/legal guardian

Date

Printed Name

Phone