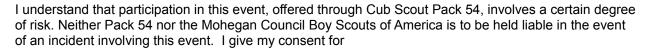


Informed Consent Agreement

Event Name:Spook-O-ReeEvent Date:October 25, 2014Event Location:Treasure Valley Scout Reservation (Rutland, MA)



Printed Name (youth member)

Printed Name (parent/guardian)

Telephone

to participate in this event (day only / overnight).

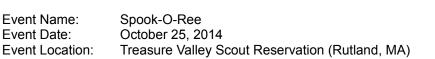
Signature

Date

10/6/14 – J. Froimson, CC

Cub Scout Pack 54

Informed Consent Agreement



I understand that participation in this event, offered through Cub Scout Pack 54, involves a certain degree of risk. Neither Pack 54 nor the Mohegan Council Boy Scouts of America is to be held liable in the event of an incident involving this event. I give my consent for

_____ to participate in this event (day only / overnight).

Printed Name (parent/guardian)

Printed Name (youth member)

Signature

Telephone

Date





Data