

Informed Consent Agreement

Event Name: Spook-O-Ree Event Date: October 29, 2016

Event Location: Treasure Valley Scout Reservation

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

Printed Name (youth member)	to participate in this event.
Printed Name (parent/guardian)	Telephone
Signature	

10/5/16 - J. Froimson, CC



Informed Consent Agreement

Event Name: Spook-O-Ree Event Date: October 29, 2016

Event Location: Treasure Valley Scout Reservation

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.
Printed Name (youth member)	
Printed Name (parent/guardian)	Telephone
Signature	 Date