

CAMP BIG HORN

2024 Scout & Leader Participation Form

Please print all parts of this form legibly.

Participant's Name		Unit #
Age	Date of Birth	Dates Attending Camp
Street Address		
City	State	ZIP Code
Parent/Guardian's Name		
Phone (Home)	Phone (Mobile)	
Email Address		

Pick-Up Permission

The following persons are allowed to pick-up my child from camp, nobody else is allowed.

Name	Relation	Phone
Name	Relation	Phone
Name	Relation	Phone
Parent/Guardian Signature	Date	

Photograph/Recording Release

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my Scout this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Printed Name
Parent/Guardian Signature
Date