

**Blue Grass Council Standard Release Form**  
**(\*REQUIRED FOR PARTICIPATION IN EVENTS AND ACTIVITIES\*)**

Youth Participant Name(s) \_\_\_\_\_

Adult Participant Name(s) \_\_\_\_\_

**HOLD HARMLESS**

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the Blue Grass Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without Restrictions

With special consideration or restrictions (list) \_\_\_\_\_

**TALENT RELEASE AGREEMENT**

I hereby assign and grant to the Blue Grass Council and 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 child at all Scouting activities, and I hereby release the Boy Scouts of America, the Blue Grass Council, the activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity 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/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.

Yes

No

**EMERGENCY CONTACT INFORMATION**

Primary: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to participants \_\_\_\_\_

Second Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to participants \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Parent/Guardian Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_