I understand that participation in the ____________________________ (activity)
offered through the Greater Niagara Frontier Council, BSA, on ___________________ (date)
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 view 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 son I have given ____________________________ (name) my
consent to participate in ____________________________ (activity) on
__________________________ (activity) on
__________________________ (date)

This form must have both parents/guardian signatures.

__________________________________________  __________________________________________
(Signature)                                                                                      (Signature)

__________________________________________  __________________________________________
(date)                                                                                           (date)