

# Hawk Mountain Council, B.S.A. Talent/Photo Release Form

I hereby assign and grant to the Hawk Mountain 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 by the Boy Scouts of America, and I hereby release the Hawk Mountain Council and the Boy Scouts of America from any and all liability from such use and publication.

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\_\_\_\_\_ Yes \_\_\_\_\_ No

(PLEASE PRINT CLEARLY)

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(if participant is under the age of 18)

Date \_\_\_\_\_