

## ***Photo Release Form***

**Leaders should turn these in at check-in.**

I, \_\_\_\_\_ hereby consent and authorize  
(Name of parent or guardian of subject/adult volunteer)

**SAGAMORE COUNCIL, BOY SCOUTS OF AMERICA**

its successors, legal representative and assigns, to use and reproduce the name and  
the photograph of \_\_\_\_\_  
(Child's/adult volunteer name)

I understand that there is no compensation for use of the photograph and acknowledge  
no further claim of whatsoever nature will be made by me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

***If you have any questions, call Sagamore Council at 765-452-8253 or 1-800-844-0537.***