



CAMP BIG HORN AT CIRCLE X RANCH

2021 Scout/Leader Participation Form

Please print all parts of this form legibly.

Scout's Name: _____ Unit #: _____

Age: _____ Birth Date: _____ Dates Attending Camp: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Pick-up Permission

The following persons are allowed to pick-up my child from camp (no one else will be allowed):

Name: _____ Relation: _____ Phone (Mobile): _____

Name: _____ Relation: _____ Phone (Mobile): _____

Name: _____ Relation: _____ Phone (Mobile): _____

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

Signature: _____ Date: _____