## **Talent Release**

I hereby assign and grant to the local 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 local 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.

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Yes, I agree	
No, I do not agree	
Signature of Parent/Guardian	Date
	<u>.</u>
Printed Name of Parent/Guardian	
Printed Name(s) of Child(ren)	-
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