

GARDEN STATE COUNCIL

Boy Scouts of America

Media & Talent Release Form (Adult)

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This release will remain in effect indefinitely unless otherwise notified in writing.

PLEASE PRINT CLEARLY

Adult Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

If affiliated with Unit please indicate:

Type (Pack, Crew, Troop, Post, other) _____ Unit Number: _____

Position in the unit (leader, parent, volunteer): _____

If you serve on the Council/District level:

What is your registered position _____ and home District _____

Adult Signature: _____

Witness (can be any adult): _____

Date: _____