**Sadlers Creek Three Rivers District Cub Scout**

**Day Camp**

 **Sadlers Creek State Park Pavilion, Anderson, SC**

**Photo and Medical Release Forms**

Scout’s First Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish photographs/video recordings/electronic representations and/or sound recordings made during my child’s Cub Scout Day Camp. I also hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/video recordings/electronic representations and/or recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I have for any of the foregoing.

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Parent or Guardian printed name Parent or Guardian Signature Date

**Alert Bracelet Release**

If you would like your child to wear a red wrist band indicating a medical condition or allergy to allow easy identification in case of an emergency, please complete this form.

I give the BRC Three Rivers District Cub Scout Day Camp permission to provide my child a red wrist band daily for the

following medical condition/allergy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Parent or Guardian printed name Parent or Guardian Signature Date