



BOY SCOUTS OF AMERICA®
BAY AREA COUNCIL

Talent Release Form

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 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, sale, 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.

Please Print Carefully

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Unit #: _____ District: _____

Signed: _____

Guardian: _____

(If under the age of 18)

Witness: _____

Session Date: _____