

AVIATION PARENT/GUARDIAN CONSENT FORM

I certify that I am the parent or legal guardian of the participant listed below, and I give my consent for them to participate in the aviation merit badge outpost offered at Camp Frontier, Pioneer Scout Reservation. I understand that participation in these activities involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold the Boy Scouts of America, Inc., the Erie Shores Council, Boy Scouts of America, their agents and employees harmless for all personal injury, which could result from participation in either program.

I also certify that I am the parent or legal guardian of the participant listed, and I give my consent for him/her to be transported in order to participate in the older Scout Merit Badge field trips. I understand that participation may involve a certain degree of risk that could result in injury or death. I have carefully considered that risk involved and agree to hold the Boy Scouts of American Inc. the Erie Shores Council, Boy Scouts of America, their agents and employees harmless for all personal injury which could result from participation in these programs.

WEEK ATTENDING CAMP (CIRCLE ONE):

- WEEK 1
- WEEK 2
- WEEK 3
- WEEK 4
- WEEK 5
- WEEK 6

NAME OF SCOUT

AGE

NAME OF PARENT/GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN