NORTHERN TIER HIGH ADVENTURE BOY SCOUTS OF AMERICA

Parental Release Form

Participant's Name:		
Date of Birth:		
Dates of Travel: From	To	
Location:		
Adult Leader's Name:		
Leader's Position:	Unit Number: _	
We certify that we are the parent(s) or legal guar	dian(s) of the above named	participant and further certify
that my child has permission to attend and partic	` '	
High Adventure program under the supervision of	-	
above named participant has my permission to ti		•
and/or from the expedition location as warranted		i understand that our local
Scout Troop or venturing Crew contracts this serv	vice.	
In the event of emergency or accident, Northern "Health and Medical Record" form if deemed new Northern Tier to make decisions regarding emergence.	cessary by Northern Tier mar gency medical care for my ch	nagement. We authorize ild while in their custody.
Signed:	Dhone Number:	
Name Printed:Address:	FIIOTIE NUTIBEL.	Ctoto.
Address:	City	State:
Relationship to Child:		
I am accompanying my child on this trip: ☐ Yes	□ No	
Signed:	Date:	
Name Printed:	Phone Number:	
Address:	City:	State:
Relationship to Child:		
I am accompanying my child on this trip: ☐ Yes		
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This form must be signed by **both** legal guardians. Exceptions to this requirement: In the event that there is a legal custody arrangement whereby one parent has full legal rights please attach a copy of the court documents that show this. In the event that one parent is deceased please attach a copy of the death certificate of the deceased parent. If there is an informal custody arrangement whereby the legal guardian is not able to sign this form, or any other circumstance whereby both parents are not able to sign this form please contact Northern Tier High Adventure – Boy Scouts of America for more information.