

Talent Release Form

Participant name: _____ Lodge: _____

I hereby assign and grant to the local council and 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 or my child 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.

For: Section NE-1B, Order of the Arrow, BSA

Participant

Participant signature: _____

Print Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Date: ___/___/___

Parent/Legal Guardian *(Complete this section if Participant is under 18 years of age)*

Parent/Legal Guardian signature: _____

Print Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Date: ___/___/___

What this form means: *You are giving Section NE-IB permission to use photographs and videos that may contain images of you in them in future Conclave shows, Section newsletters, and online photo albums of Section Conclaves on the Section's website, www.ne1b.org.*

**PLEASE SUBMIT THIS FORM TO YOUR LODGE
CHIEF/ADVISER ALONG WITH YOUR MEDICAL FORM.**