



# Old Colony Council, Boy Scouts of America

## Youth Personal Information Web Release Form

Youth's Full Name: \_\_\_\_\_

District: \_\_\_\_\_

I authorize Old Colony Council, Boy Scouts of America, to publish the following information on the World Wide Web: **(Please put a mark in the box for either publish or not publish.)**

Publish youth's **Name** as Shown: \_\_\_\_\_

Do not Publish youth's name.

Publish youth's **Phone Number**: \_\_\_\_\_

Do not publish youth's Phone Number.

Publish youth's **Email Address**: \_\_\_\_\_

Do not publish youth's Email Address.

Publish youth's **Photo**.

Do not publish youth's Photo.

Other: \_\_\_\_\_

\_\_\_\_\_

I understand that this information will be available to anyone on the World Wide Web.

I hereby assign and grant to the Old Colony Council and the Boy Scouts of America the right and permission to use and publish the above representations made this date by the Old Colony Council and the Boy Scouts of America, and I hereby release the Old Colony Council and 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 representations without limitation at the discretion of the Old Colony Council, Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Signature of Parent or legal Guardian: \_\_\_\_\_

PLEASE **PRINT** NAME: \_\_\_\_\_

Date: \_\_\_\_\_