

EXPEDITION # _____ ITINERARY # _____ UNIT# _____ COUNCIL NAME _____

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and /or sound recordings made during my visit to Philmont Scout Ranch 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.

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Adults	(4 maximum 21 or over)			Street Address Only	Zip Code	Date of Birth	Adult Signature Required
	Last	First	MI	(Computer fills City & State)			
Adv.							
Asst.							
Asst.							
Asst.							
Youth	Last	First	MI	Street Address Only	Zip Code	Date of Birth	18 yrs or older - Personal Signature Required Under 18 yrs - Parent/Guardian Signature Req
				(Computer fills City & State)			
1.Crew Leader							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							