

P.O. Box 860 Defiance, Ohio 43512

AGREEMENT, AUTHORIZATION & RELEASE

I,, the undersigned, am the parent or legal guardian with the authority to execute this agreement and release on behalf of
I hereby authorize
I recognize that it is in my best interest to follow the instructions of those supervising the activities. I fully understand and appreciate the potential dangers, hazards, and/or risks, directly and/or indirectly inherent in participating in this activity.
THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold TAS Aviation of Defiance, Inc. and the Black Swamp Area Council of the Boy Scouts of America harmless for any and all direct, indirect, special or consequential damages, or costs, legal or otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of an agent of TAS Aviation of Defiance, Inc. or Black Swamp Area Council of the Boy Scouts of America.
I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT/RELEASE, AND I UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS.
PARTICIPANT DATE
PARENT DATE