

# Venture Crew 1872 Activity Release

Fort Worth Texas, Longhorn Council B. S. A.



I understand that my son or daughter will be participating in historical and Civil War reenactments. He or she has permission to engage in all prescribed activities except as noted by me. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Crew Member's Name \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_