



**BPSA Adult Registration Form**  
**7<sup>th</sup> Trailblazers Scout Group**  
**Austin, TX**



Please complete one form for each adult who will be participating in 7<sup>th</sup> Trailblazers outings or events. In addition, a signed release waive must be on record for all participants.

Name:	Preferred Phone:	
Address:	Employer:	
City:	State:	Zip:

Emergency Contact:	Phone:
Emergency Contact:	Phone:

Insurance Carrier:	Name of Primary Insured:
Policy Number:	Group Number:

Please list any medical needs or concerns including, but not limited to, allergies, current medications, or dietary restrictions.

**Talent Release:**

I, \_\_\_\_\_, hereby assign and grant the Baden Powell Service Association and BPSA 7<sup>th</sup> Trailblazers the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me by the Baden Powell Service Association and BPSA 7<sup>th</sup> Trailblazers.

I hereby release Bade Powell Service Association and BPSA 7<sup>th</sup> Trailblazers 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/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Baden Powell Service Association or BPSA 7<sup>th</sup> Trailblazers and I specifically waive any right to any compensation I may have for any of the foregoing.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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