Youth Permission Slip

IVIY CHIId	nas my permission to
participate in the Ten Commar	ndments Hike on Friday, November 24,
2023, and I hereby grant to th	e Southeast Louisiana council and the
adult leaders involved in this	s event, permission to seek medical
treatment for my youth in case	e the need arises. In addition, I will not
hold the BSA, Southeast Loui	siana Council, or their representatives
and associated volunteers liab	le or responsible in case of accident or
injury to my youth.	
Signature of Parent/Guardian:	
5.	
Date:	