



**Western Colorado Council**  
**Boy Scouts of America**

### **Talent Release Form**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Troop #: \_\_\_\_\_ Troop City: \_\_\_\_\_

Signed: \_\_\_\_\_

Guardian: \_\_\_\_\_

(if under the age of 18)

Witness: \_\_\_\_\_

Session Date: \_\_\_\_\_