

Participant Release and High Risk Form

This form must be completed by all participants (girls and adults) and brought to the first day of camp or activity/program event. Please check all the activities that apply and **sign the form on the back.**

Participant's Name: _____ Grade: _____ Age: _____ Troop # _____

Name and Date of Session/Event: _____

Does this participant have any physical and/or mental health conditions, problems and/or disabilities, which may require accommodation or affect her/his safety and ability to participate in the activity?

YES NO (circle one) If "yes" describe each:

The purpose of this form is to inform caregivers of the risk and to provide the opportunity for both their own evaluation of their participant's readiness for the activity and the reinforcement with their participant of the skills and behavior necessary to safely participate in the activity.

TRANSPORTATION PERMISSION

My daughter has my permission to participate in off camp activities as described in the program activity description. My daughter may also be transported to medical facilities/appointments if the need arises. I understand that she will be transported in a camp vehicle designed for passengers.

MEDICAL RELEASE/PERMISSION

My daughter is in good physical condition and has not had any serious illness or surgery since her last health examination. In case of an emergency, when I cannot be reached, I give permission for her to be treated by a qualified physician at the nearest hospital.

HIGH RISK ACTIVITY RELEASE

I understand that if it is included in the description of my daughter's camp session or program event, she may be participating in activities on and off camp property that are considered high risk. I feel that my daughter is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. I have discussed with my daughter the importance of following safety guidelines, while participating in high risk activities.

I understand the risks inherent in the below activities: (Check all that apply during the program activity you or your daughter are attending, or that she has permission to participate in if given the opportunity. Then sign the bottom portion on the back of this form.)

Amusement Park Rides Archery Backpacking Bicycle Riding Canoeing/Kayaking
 Caving White Water Rafting Other _____

*Challenge Course and/or Climbing Wall (continue to the following section – initial each paragraph, then sign the bottom portion on the back of this form.)

***The following section must be completed by and for each person (girl and/or adult) participating in Adventure Challenge Education (A.C.E.) programs, including but not limited to the low and high challenge course, climbing wall, zip line, rock climbing/rappelling and teambuilding activities.**

Please read carefully before initialing and signing. Serious physical or psychological injury may result from your participation in this activity. Girl Scouts of Western Ohio does not guarantee your safety.

WRITE INITIALS BELOW AFTER READING EACH SECTION

Caregivers must also initial for minors

____/____ I understand that my participation in this activity is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging and teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the full value contract below, and agree to follow guidelines as presented.

___/___ I understand the employees of the Girl Scouts of Western Ohio have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child.

___/___ I understand that climbing, high challenge course, low challenge course, ground initiatives, zip line and other activities in the program for which I and/or my child have enrolled, entail risk. I elect to participate, or allow my child to participate, in spite of these risks.

___/___ **Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Girl Scouts of Western Ohio, and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

___/___ I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

___/___ I grant the Girl Scouts of Western Ohio, and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

FULL VALUE CONTRACT

The Full Value Contract is a set of agreements designed to help groups create a positive, creative and safe learning environment. While particular groups may choose to add to this list, the basic tenets of the Full Value Contract that all participants are expected to uphold include the following:

- **BE SAFE:** Adhere to the safety guidelines so you are able to relax and feel comfortable.
- **BE COMMITTED:** Be present mentally, physically, and emotionally to achieve the group's goals.
- **BE RESPECTFUL:** Respect yourself and others, the instructors and the equipment.
- **CHALLENGE BY CHOICE:** You select the level of challenges you are willing to experience.
- **HAVE FUN:** You should balance fun and working to achieve goals.

By signing below, all participants and caregivers acknowledge they have read, understand, and agree to the terms of this document. One form per participant must be filled out. At least one caregiver must sign.

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing type of activity, the risks of participation and warnings. I/We further attest that all facts relating to the participants physical condition and age are true and accurate.

Signature of Participant _____
Date

Signature of Caregiver #1 For _____ _____
Date

Signature of Caregiver #2 For _____ _____
Date

Address in full: _____ Home Phone #: _____
_____ Bus. Phone #: _____

VP:fs/05-2670-01



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