

Troop # _____
Service Unit # _____

Activity Consent, Hold Harmless and Release Agreement

IMPORTANT: Please complete and return to either your Troop Leader/Advisor for Troop Event or Program Facilitator for Individual participation at Council events

Girl Scouts North East Ohio, Corporate Office
One Girl Scout Way, Macedonia, OH 44056-2156

330-864-9933
330-467-1901 fax

PARTICIPANT NAME _____ Check One: Female Male

Check One: Child Adult If child participant: Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

IN THE EVENT OF AN EMERGENCY OR NEED FOR ALTERNATE TRANSPORTATION, MY CHILD MAY ONLY BE PICKED UP BY THE FOLLOWING PEOPLE:

(1) Name: _____ (2) Name: _____

Phone #: _____ Phone #: _____

Relationship to child: _____ Relationship to child: _____

Indicate Event, Program or Activity: (Adult Participant or Parent/Guardian must initial next to items that apply.)

DATE(S): _____ ACTIVITY/EVENT: _____ LOCATION: _____

PARENT/GUARDIAN PLEASE INITIAL ALL THAT APPLY:

Zip Line _____ Low Ropes _____ Scuba Diving _____ Rock Climbing _____ White Water Rafting _____

High Ropes _____ Air Rifles _____ International Travel _____ Horseback Riding _____

Other (Please Specify) _____

Parental Permission - Be sure to initial in all 4 (four) places. (Parent or Guardian completes this portion.)

I give permission for my child to be transported to and from Girl Scout facilities to off-site locations for the purposes of participating in the stated activity above.

Physical Condition: Please Read Carefully, complete the information required and initial all of the following:

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical or mental conditions which would prevent my child from engaging in any activity associated with the activity described above. _____ **(Initial Here)**

My child has the following allergies (list known allergies and if none, state "None") _____ **(Initial Here)**

My child has the following physical or mental condition: _____

As a result of this/these condition(s), I prohibit my child from participating in the following activities (If no activity is prohibited, then state "None"): _____ **(Initial Here)**

I/we am/are aware that the Girl Scouts of North East Ohio has a policy that "the consumption and/or possession of alcohol, tobacco or controlled substances at any Girl Scouts of North East Ohio activity or facility, is strictly prohibited", and I/we will make my/our child aware of the policy, and, undertake my/our best efforts to ensure my/our child's adherence thereto.

As further consideration for my/our child's participation in the above events/activities/programs, I, individually, or I/we on behalf of my/our child, **give consent** **do not give consent** to the Girl Scouts of North East Ohio to use, publish, reproduce and distribute any photographs/video tapes in which I/we or my/our child may appear solely for the purposes of publicity and promotion by the Girl Scouts of North East Ohio of its current and future events/activities/programs. _____ **(Initial Here)**

Release and Hold Harmless - Be sure to initial once. (Applies to all participants)

I, individually, or I/we as parent(s) and/or natural/legal guardian(s) of my/our child understand and recognize that there is always an inherent risk of bodily injury and harm associated with camping, challenge/rope course, rock climbing, sports events, outdoor activities, and other activities including those risks arising from accidents, other participants, and the forces of nature. I/we further understand that no warranties or representations of any kind have been made by the Girl Scouts of North East Ohio, its employees, agents, officers, directors, successors or assigns regarding any of the activities. _____ **(Initial Here)**

Participant Name _____

Acknowledgement of Risks - Be sure to initial once. (Applies to all participants)

I/we acknowledge that the following describes some, but not all of the risks in the listed activities which my child/I intend to participate:
 1) Falls and painful crashes into wall, rocks or other obstacles; 2) Risk associated with crossing, climbing or down climbing in the case of rock climbing; (3) Equipment failure; 4) My child's/My physical strength, coordination, sense of balance, and ability to follow or give directions including while climbing, belaying (in the case of rock climbing), lifting or spotting; 5) Fatigue, chill and/or dizziness, which may diminish my child's/my reaction time and increase the risk of injury or accident; and 6) The actions of other participants. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. _____ (Initial Here)

Zip Line/High Ropes – Individuals who have high blood pressure, heart or lung ailments, back or neck problems, who have recently undergone surgery, have a fear of heights or who are pregnant should not utilize the challenge course at Camp Ledgewood.

Express Assumption of Risk and Responsibility - Be sure to initial twice. (Applies to all participants)

In recognition of the inherent risks of the activity which my child/I for which I am responsible, will engage in, I confirm that my child/I is/am physically and mentally capable of participating in the activity and/or using equipment. My child/I participate willingly and voluntarily, and I/we assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. My child/I also assume responsibility for damage to or loss of my child's/my personal property. My child/ I also assume risk for accidents or injury caused by the negligence of others whether such negligence is comparative or contributory. My child/I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing helmets for some activities may help prevent head and/or neck injuries. _____ (Initial Here)

My child/I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasion, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; insect bite or allergic reaction, shock, paralysis, and/or death. _____ (Initial Here)

Release - Be sure to initial once. (Applies to all participants)

In consideration of, and in recognition of the inherent risks of the activity associated with the use of the Girl Scouts of North East Ohio facilities and/or participation in its Girl Scout programs or activities, I, individually, or I/we as parent(s) and/or natural/legal guardian(s) of my/our child agree, on behalf of myself, my child, my/our heirs, representatives, successors, executors, administrators and assigns, to hereby release, waive, discharge, hold harmless, indemnify and agree not to sue the Girl Scouts of North East Ohio, its employees, agents, officers, directors, successors or assigns, from any and all claims or demands, obligations and/or causes of action of any nature whatsoever which my child or I may have against Girl Scouts of North East Ohio, its employees, agents, officers, directors, successors or assigns, on account of any personal injury, property damage, death or accident of any kind, arising out of or in any way connected with the use of the Girl Scouts of North East Ohio facilities, transporting my child/me, and/or participation in its Girl Scouts programs or activities, and I/we agree to indemnify and hold harmless the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my child's/my actions. _____ (Initial Here)

In the event of injury, I/we give my/our permission to Girl Scouts of North East Ohio to call, in the discretion of its employees, agents, or volunteers, the police, fire/rescue, or emergency medical services and to transport my child/me to any hospital, clinical, or medical center. I/we further authorize emergency medical treatment for my child/me and accept financial responsibility for such emergency care and treatment.

The above agreement shall be binding on my child/me and our respective heirs, successors, assigns, administrators, executors, representatives and insurers. This Permission Activity Consent Form, Release and Hold Harmless Agreement is governed by the laws of the State of Ohio and is intended to be as broad and inclusive as is permitted by that law. If any provision is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

I/we warrant and represent I/we have read the foregoing and a copy of this Release and Hold Harmless has been given to me/us. I/we have informed my/our child of its terms. I/we further represent that I/we have the *legal authority* to sign this Authorization and Waiver/Release on behalf of my/our child.

****Custodial parent/guardian must sign below if participant is under 18****

Participant Name (please print): _____

Signature of Participant or Custodial Parent/Guardian: _____ Date: _____

Custodial parent/guardian (please print): _____

Address: _____

Telephone: Cell _____ Home _____ Other _____