

HIGH RISK ACTIVITY PERMISSION FORM
To be completed, signed by a custodial parent/guardian

THIS FORM IS REQUIRED TO BE FILLED OUT COMPLETELY AND SIGNED IN ORDER TO PARTICIPATE IN THE GIRL SCOUT "HIGH RISK" ACTIVITY.

Troop #: _____ Girl Scout Grade Level: **D B J C S A** (circle one)
 Girl's Name: _____ Home Phone #: _____
 Parent/Guardian Name: _____ Cell Phone #: _____
 Address: _____ City: _____ Zip: _____
 Date of Activity: _____ Location of Activity: _____

PARENT PERMISSION – HOLD HARMLESS

I understand that my daughter may be participating in activities that involve a certain degree of high risk. I have carefully considered the risk involved and have given consent for my child to participate in the activities marked below. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I release the Girl Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. I feel my daughter is developmentally ready both physically and emotionally and possesses the skills needed to participate in the activities I have marked below. She is in good physical condition and has not had any serious illness or surgery since her last health examination.

I UNDERSTAND THE RISKS INHERENT TO THE BELOW ACTIVITIES:

(Please check all those that apply to the activities that your daughter has permission to participate in if given the opportunity)

- | | | |
|---|---|--|
| <input type="checkbox"/> Amusement Park Rides | <input type="checkbox"/> Climbing Walls | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Archery | <input type="checkbox"/> High Ropes | <input type="checkbox"/> Scuba Diving |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Bicycle Riding | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Zip Line |

My daughter may participate: () without restrictions () Special considerations or restrictions: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts of California's Central Coast will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts of California's Central Coast to seek treatment for my child by a licensed medical professional under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code.

EMERGENCY CONTACT:

_____	_____	_____
Name	Phone(s)	Relationship to Child

PARTICIPANT AND PARENT/GUARDIAN AGREEMENT:

_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

THE PURPOSE OF THE "HIGH RISK ACTIVITY PERMISSION FORM" IS TO INFORM PARENTS/GUARDIANS OF THE RISK, AND TO PROVIDE THE OPPORTUNITY FOR BOTH THEIR OWN EVALUATION OF THEIR DAUGHTER'S READINESS FOR THE ACTIVITY, AND THE REINFORCEMENT WITH THEIR DAUGHTER, OF THE SKILLS AND BEHAVIOR NECESSARY TO SAFELY PARTICIPATE IN THE EVENT.