Girl Scouts®

Girl Scout Council of Southeastern Massachusetts
111 East Grove Street . Middleboro, MA 02346 . www.gscsm.org
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Challenge Course Release and Consent for Participation

Date of Event: _____ Location: _____

Participant Name: _____ Troop/Group: _____
First Last

If under 18, Name(s) of Parent/Guardian: _____
Phone Day: _____ Eve: _____
Email: _____

Additional contact (in case of emergency, we will attempt to contact parent/guardian first):
Name:_____ Relationship: _____
Phone Day: _____ Eve: _____

Does this participant have any medical conditions that would limit or effect physical activity or group participation? If so, explain.

Does this participant have allergies to medicine or bites/stings? If so, explain.

I understand that any physical activity involves a risk of injury and that my/this child's participation in the Challenge Course operated by Girl Scout Council of Southeastern Massachusetts is entirely voluntary. I release Girl Scout Council of Southeastern Massachusetts and its employees, volunteers and staff from any claims or liability arising out of participation. I understand that reasonable care will be taken to insure my/this child's safety.
In case of medical emergency, I give permission to Girl Scout Council of Southeastern Massachusetts representative to select a physician/hospital and to secure treatment for me/this child.
I understand that proper dress is required. This includes long pants, (regardless of weather), long hair tied back, boots or sneakers (which are sturdy, tie snugly and have good tread), and no jewelry. I authorize the use of photographs of me/this child for Girl Scout purposes.

Required, Signature of Participant: _____ Date: _____

If under 18, Signature of Parent/Guardian: _____ Date: _____