



ROCK CLIMBING / RAPPELLING RELEASE AND CONSENT FOR PARTICIPATION 7777;1100GW

Date of Event: _____ Location: _____

Participant Name: _____ Troop/Group: _____

If under 18, Name(s) of Parent/Guardian: _____

Phone Day: _____ Phone Eve: _____

Email _____

Additional contact (in case of emergency; we will attempt to contact parent/guardian first):

Name(s): _____

Phone AM/PM: _____ Phone AM/PM: _____

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 Rock Climbing / Rappelling Program operated by the Girl Scout Council of Southeastern Massachusetts (GSCSM) is entirely voluntary. I release the Girl Scout Council of Southeastern Massachusetts; it's 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 the GSCSM representative to select a physician/hospital and to secure treatment for me/this child. I authorize the use of photographs of me/this child for Girl Scout purposes.

Signature of Participant: _____ Date: _____

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