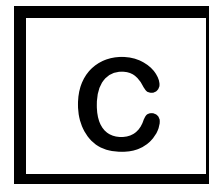




Girl Scouts of Kentucky's Wilderness Road
 2277 Executive Drive, Lexington, KY 40505
 (859) 293-2621 * (800) 475-2621 * Fax (859) 299-3692
 gskentucky.org or camp@gswrc.org



HIGH RISK ACTIVITY WAIVER FORM

Group Name _____ Date _____

This form is used for permission to participate in activities on Girl Scout-Wilderness Road Council properties. Not all age groups will be involved with specific activities because of *Safety* restrictions. **Please write in ink, not pencil!**

 Name of Participant Phone Number

 Address City State Zip

 Email Address Date of Birth Age (At Time of Event)

ACKNOWLEDGEMENT OF INHERENT RISK, WAIVER AND RELEASE OF LIABILITY.

I, the Participant, acknowledge and understand that there are risks inherent in certain activities in Council-sponsored events (the "Activities" or "High Risk Activities"). Activities may include, but are not limited to: horseback riding, swimming, canoeing, sailing, white water rafting, rappelling, rock climbing, prusiking and caving. Activities may also take place on our Team's Challenge Course and Climbing Tower. I understand and acknowledge that my participation in such Activities involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis, and loss of life; loss of or damage to equipment or property; equipment failure; situations beyond the immediate control of the GSWRC; and other risks and dangers which may or may not be readily foreseeable or are presently unknown. I hereby expressly assume all such risks and responsibility for any damages, liabilities, losses, injuries, or expenses that I incur as a result of my participation in the Activities.

I, Participant, for myself, my heirs, executors, administrators, parent/guardian, and any persons or entities connected with me, hereby release and discharge GSWRC, its successors, predecessors, assigns, affiliates, the respective employees, officers, directors, or agents of it or them, and all other individuals or entities who or that are or might be connected with it or them or found the minor participant identified above to participate in all Activities.

Minor Participant Signature

I give permission for my minor child, listed above, to participate in the listed activities and understand the risks.

 Signature of Parent/Guardian Print Name Date

Adult Participant Signature (18 years old or older)

I understand the risks and agree to the above waiver.

 Signature of Participant Print Name Date

Consent to Treat A Minor

I understand that the information that is on this form will be used to keep my child safe and in the event of an accident will be used to seek medical treatment.

I hereby give permission to the staff representative(s) at Girl Scouts of Kentucky's Wilderness Road Council and/or the group leader(s) and/or chaperone(s) of my child to seek emergency medical treatment due to an accident or illness while participating in activities at camp. I understand that I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to my child and the release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred from the hospital and/or physician.

Print Parent/Guardian(s) Name

Parent/Guardian(s) Signature

Date

Consent to Treat Adult

I hereby authorize the emergency medical personnel, physician(s), urgent treatment center and/or hospital to administer necessary medical treatment to me in the event I am unable to give verbal permission. I authorize the release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred.

Print Name

Signature

Date