

GSLE Camp Participation and Medical Release Form

Complete by adult or on behalf of registered Girl Scout. One per person.

Turn into camp ranger or Program Coordinator at check in.

Full Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Date(s) Camping: _____ Troop No. _____ Service Unit No. _____

Troop Leader: _____

I am a _____ Registered Girl Scout _____ Reg. female adult _____ Reg. male adult _____*other
(*all campers must be registered with Girl Scouts unless written permission has been obtained and additional insurance has been purchased through Girl Scouts Louisiana East.)

In case of Emergency Notify:

Name: _____ Relationship: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

I/my child, wishes to participate in the camping trip on the dates listed above. I am aware of the risks involved in participating in camp activities, including the risks inherent in outdoor activities in a natural environment. I agree to accept responsibility for such risks. I further agree to advise the troop leader listed above of any physical or mental limitations I/my child may have. I agree to be fully responsible for my own property and equipment related to this activity.

In consideration of and part of a right to participate in this activity, I hereby release and indemnify the Girl Scouts Louisiana East Council, Inc. and its employees and staff of any and all liability, claims and causes of actions arising out of or in any way connected with my presence on the Girl Scout camp premises, and/or my participation in any high risk activities including but not limited to horseback riding, high ropes, rock wall, swimming, canoeing and archery. Although care is given to greatly reduce the risk involved through safety procedure, education and equipment, I understand high adventure programs are not without an element of danger. I understand the risk involved with this type of program, and I feel the benefits outweigh the potential hazards of the program.

I also agree to allow any medical personnel the opportunity to treat any illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs that may result from my participation.

I agree that any photographs, artwork, audio, video, or writing may be used by Girl Scouts Louisiana East, Inc. its assigns or successors, in whatever way desired, including but not limited to, television, CD- ROMS, online and print publications, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that any such information, photographs, videos and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings and plates as they may desire free and clear of any claim whatsoever on my part.

I have read the information provided in the camping packet and agree to abide by all rules established by Girl Scouts – Louisiana East, Inc. Any infraction will be subject to review by the council.

I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrators.

WARNING: Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for any injury or the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, pursuant to R.S.9:2795.1.

Date: _____ Signature*: _____

*Parent or legal guardian must sign for participants under 18 years of age. Being fully informed as to these risks, I hereby consent to the minor participating in the activity.