

High Risk Activity Information

Troop/Grp # _____ is planning a _____
which will include _____ a high risk activity.
Date _____ Time _____ Location Phone (_____) _____
Location _____ Type of Transportation _____
Time/Place of Departure _____
Time/Place of Return _____
Cost per girl _____ Each girl should bring _____

Adults accompanying girls:

Name _____ Phone (_____) _____
Name _____ Phone (_____) _____

In case of delay in returning or an emergency, Leader will notify (name) _____
(phone) (_____) _____ who will then notify parents.

Leader's Signature _____ Date _____ Phone (_____) _____

PARENT: CUT ALONG DOTTED LINE AND RETURN TO LEADER BY (DATE) _____

High Risk Activity Permission

Troop/Grp # _____ is planning a _____
which will include _____ a high risk activity.
Date _____

I understand that the opportunity to participate in the above activities may present more than usual risk. I understand that my daughter must be physically and emotionally ready for these activities, and that there may be minimum skill requirements. I understand that if my daughter does not meet these readiness requirements, she will not be allowed to participate. I agree that my daughter will be responsible for wearing protective equipment and following safety rules as instructed. Girl Scouts Louisiana East, Inc cautions you that some facilities require parents to sign a Release and Waiver of Liability before allowing minors to use their facilities. I understand that when I sign a Release and Waiver of Liability as required by these facilities, I may be giving up valuable legal rights. I understand that I may wish to consult an attorney before signing a Release and Waiver of Liability. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her a good physical condition. NOTE: Prescriptions and/or over the counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician. In case of accident of illness, I authorize a representative of Girl Scouts Louisiana East, Inc to give consent to a physician and/or hospital for medical emergency and or surgical treatment. It is understood that every effort will be made to notify me before such action is taken and I will be responsible for all charges related to treatment. I understand that the Girl Scouts Louisiana East, Inc may use photographs or audio/video tapes of my daughter in event activities for Girl Scout public relations. I understand the Council cannot be responsible for lost of valuables.

During the activity, I may be reached at (_____) _____
Phone Address / City

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us:

Name Phone Address / City

Who will be picking up your daughter?
Custodial parent/Legal Guardian Name _____ Driver's License # _____
Other Relative Name _____ Driver's License # _____
Friend of Family Name _____ Driver's License # _____

Custodial Parent/Legal Guardian Signature _____ Date _____