

## Challenge Course Participant Information/Release Form for Girls/Adults

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate #(\_\_\_\_) \_\_\_\_\_

Challenge Course workshops use a variety of physical activities including warm-ups, games, team building initiatives and low and high Ropes Course activities. Some of these activities can be physically demanding. All activities are presented on a "Challenge by/of Choice" basis. This means that participants choose their own level of participation. Although safety is a priority of all Challenge Course activities, there is a risk that must be assumed by each participant that they may suffer an emotional or physical injury.

***"Challenge By/Of Choice"*** Participants are never forced to participate in any part of the challenge course. They are, however, encouraged to challenge themselves beyond what they would normally do.

I agree to allow my child to participate in the Challenge Course Activity. I understand there are certain risks involved in this activity. I understand these risks and declare my child to be physically able to participate in this activity. My child will take personal responsibility for reporting to the Challenge Course Facilitator any unusual medical signs/symptoms. She agrees to follow all safety instructions given by the Challenge Course Facilitator during the workshop.

I hereby release and hold harmless, Girls Scouts of Citrus Council Inc., The Board of Directors, the Challenge Course Facilitators and all other staff and volunteers from any and all liabilities and or claims related to injuries or accidents which may occur as a result of my child's participation in the above activities.

I agree that, if it is determined that my child needs medical or dental treatment while participating in the Challenge Course activity, I give my permission and consent to Girls Scouts of Citrus Council, Inc. to care for and provide appropriate medical treatment for my child in the event of injury.

I agree that if my child is currently on any type of medication, that she/he will have my own supply of medication available. We strongly recommend that you consult with your physician prior to participating in a Challenge Course activity or other strenuous physical activities if you have any health related concerns.

**I UNDERSTAND THAT, BY PARTICIPATING IN THE CHALLENGE COURSE ACTIVITY my child is BEING EXPOSED TO RISK OF SERIOUS INJURY, DISABILITY AND/OR DEATH.**

I have read and understand the foregoing consent to participation in said activity. I am aware that my child may discontinue participation in the activity at any time that either I or she/he sees fit to do so. If at any time either I or my child has questions concerning the Challenge Course we will discuss these questions with the Challenge Course Facilitator immediately.

Is your child you allergic to bee stings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, will she/he have your own sting kit with her/him?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you do not have a sting kit available do you give our first aider permission to treat your child's bee sting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**With my signature, I acknowledge this information and understand it.**

Participant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_  
(If Participate is under 18)