



Challenge Course Participant Information/Release Form - Adult

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

The Challenge Course at Mah-Kah-Wee Program Center uses a variety of physical and strategic initiatives and activities including: ice breakers, team building, low and high elements and games. Some of these activities can be physically demanding. All activities are presented as a "Challenge by Choice" program, and participants are able to choose their own level of challenge. 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 participate in all Challenge Course activities that are specific to my ability. I understand there are certain risks involved in this activity. I understand these risks and declare that I am physically able to participate in this activity. I will take personal responsibility for reporting to the Challenge Course Facilitator any unusual medical signs/symptoms. I agree to follow all safety instructions given by the Challenge Course Facilitator during this program.

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 participation in the above activities except as may be caused by the willful act or gross negligence of Girl Scouts of Citrus Council.

I agree that, if it is determined that I need 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 me in the event of injury. I also agree that if I am on any type of medication, the designated GSC staff will administer if needed.

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 I am being exposed to the 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 I may discontinue participation in the activity at any time that I see fit to do so. If at any time I have questions concerning the Challenge Course I will discuss these questions with the Challenge Course Facilitator immediately.

Are you allergic to: **Bee stings?** Yes No **Ant Bites?** Yes No

If so, will you have your own emergency kit with you? Yes No

If you do not have an emergency kit with you, do you give our first aider permission to treat your bee sting or ant bite? Yes No

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

(I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.)

Participant Signature: _____ Today's Date: _____