



## Parent/Guardian Activity Consent/Waiver

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### **Consent of Risk**

I, the undersigned parent/guardian, recognize the possible physical risk involved in the program activities that my child may be participating in by attending Girl Scouts of Citrus Council, Inc. camps, programs or events, and give my child permission to participate in any and all of the following activities including but not limited to: swimming, boating, fishing, archery, high/low ropes course, surfing, horseback riding, sports, arts and crafts. I am also aware that certain activities are grade specific and that my child will be under the supervision of a certified/qualified instructor for activities that require trained professionals.

\_\_\_\_\_ Initial

I give GSC contractors and staff permission to transport my daughter to any/all program locations if required by the program description, either by walking, bus, van or car. \_\_\_\_\_ Initial

I give my permission for my child to interact with the animals that may be brought in for GSC program opportunities, and allow them to physically touch animals under the direct supervision of the staff.

\_\_\_\_\_ Initial

I, the undersigned parent/guardian, understand that while my child is at an outdoor GSC camp, program or event my child may be exposed to various outdoor elements including insect bites, plants, wildlife and the sun. I understand that I must provide insect repellent and sun screen for my child and I am aware that GSC staff is not responsible to physically apply it on my child. In case of a rash, reaction, sunburn, etc., the medical staff will treat the area accordingly. \_\_\_\_\_ Initial

### **Release from Liability**

I, the undersigned Parent/Guardian also release and hold harmless, GSC and all council employees, volunteers and agents from any and all liability associated with any/all of the program activities.

\_\_\_\_\_ Initial

### **Consent of Photography/Media**

I the undersigned parent/guardian give Girl Scouts of Citrus Council, Inc. permission to photograph and to use pictures, video, or audio tapes of my child either alone or in groups, for the newsletter, advertising purposes, fund-raising activities, bulletin boards, camp albums, etc. unless stated below. Girl Scouts of Citrus Council, Inc. respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph its campers. \_\_\_\_\_ Initial

Please check one of the following:

- I am giving consent for my child to participate in all activities.
- Do not let my child participate in: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_

\_\_\_\_\_  
Print - Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.



## Parent/Guardian Medical Consent

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I, the undersigned Parent/Guardian hereby grant permission to Girl Scouts of Citrus Council, Inc. medical staff, GSC staff, and the consulting physician at GSC camps, programs or events, an IRS 501(c)(3) charitable organization, to administer medication and provide medical and other care for my child, including, without limitation, any medical emergency care required. \_\_\_\_\_ Initial

I hereby give my consent for any transportation deemed necessary or appropriate, at the sole discretion of GSC, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while on/or off GSC properties or partnering program sites, in connection with medical treatment, and acknowledge, agree, and understand that GSC shall not be liable for any such expenses. \_\_\_\_\_ Initial

I understand that all information pertaining to my child will be treated as confidential by GSC, and I agree that said information may be shared with/released to appropriate personnel and/or third parties by GSC for the purpose of treating and/or supervising my child (including, but not limited to, counselors, referral centers, medical staff, psychological staff and/or insurance companies). \_\_\_\_\_ Initial

**I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Camper Name: \_\_\_\_\_

Camp Sessions: \_\_\_\_\_

\_\_\_\_\_  
Print - Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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