



Challenge Course Participant Information/Release Form - Minor

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 allow my child to participate in all Challenge Course activities that are specific to his/her grade level. 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/he agrees 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 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 medications, the designated adult accompanying my child or the designated GSC medical staff will administer as needed. We strongly recommend that you consult with your physician prior to participating in a Challenge Course activity or other strenuous physical activities if she/he has any health related concerns.

I UNDERSTAND THAT, BY PARTICIPATING IN THE CHALLENGE COURSE MY CHILD IS 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 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 allergic to: **Bee stings?** Yes No **Ant Bites?** Yes No

If so, will she/he have her/his own emergency kit with them? Yes No

If she/he does not have an emergency kit with her/him, do you give our first aider permission to treat her/his 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: _____

Parent's Signature: _____ Today's Date: _____
(If participant is under 18)