



High Risk Activity Permission Form

To be completed, signed by a custodial parent/guardian. This form is required to be filled out completely and signed in order to participate in the Girl Scout "High Risk" Activity.

Girl's Name		Home Phone	
Troop #	Troop Level		
Parent / Guardian Name		Cell Phone	
Address	City	State	Zip
Date of Activity	Location of Activity		

Parent Permission – Hold Harmless

I understand that my daughter may be participating in activities that involve a certain degree of high risk. I have carefully considered the risk involved and have given consent for my child to participate in the activities marked below. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I release the Girl Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. I feel my daughter is developmentally ready both physically and emotionally and possesses the skills needed to participate in the activities I have marked below. She is in good physical condition and has not had any serious illness or surgery since her last health examination.

I understand the risks inherent to the below activities; *(Please check all those that apply to the activities that your daughter has permission to participate in if given the opportunity)*

- | | | |
|---|---|---|
| <input type="checkbox"/> 3D Archery | <input type="checkbox"/> Challenge Courses | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Air / BB Guns Water | <input type="checkbox"/> Climbing and Rappelling | <input type="checkbox"/> Ice Skating and Roller Skating |
| <input type="checkbox"/> Amusement Park Rides | <input type="checkbox"/> Cross-Country Skiing | <input type="checkbox"/> Indoor Skydiving |
| <input type="checkbox"/> Aquatic Bounces and Slides | <input type="checkbox"/> Downhill Skiing and Snowboarding | <input type="checkbox"/> Indoor Trampoline |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fencing | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Go-Karts | <input type="checkbox"/> Knife Throwing |
| <input type="checkbox"/> Bicycle Riding | <input type="checkbox"/> Go-Karts | <input type="checkbox"/> Low Ropes |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> High Ropes | <input type="checkbox"/> Muzzle Loading |

- | | | |
|---|---|--|
| <input type="checkbox"/> Offshore Water / Large Passenger Vessels | <input type="checkbox"/> Shotgun - Trap / Skeet Shooting | <input type="checkbox"/> Tethered Balloon Rides |
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Sledding, Tobogganing, and Snow Tubing | <input type="checkbox"/> Tomahawk / Hatchet Throwing |
| <input type="checkbox"/> Recreational Tree Climbing | <input type="checkbox"/> Slingshot | <input type="checkbox"/> Tools - Hand and Power |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Snorkeling | <input type="checkbox"/> Tubing |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Water Skiing and Wakeboarding |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Spelunking / Caving | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Row Boating | <input type="checkbox"/> Standup Paddle Boarding | <input type="checkbox"/> Windsurfing / Sail Boarding |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Surfing | <input type="checkbox"/> Zip Line |
| <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Segway | <input type="checkbox"/> Target Paintball | |

My daughter may participate:

- without restrictions
- with special considerations or restrictions -

Permission for Emergency Medical Treatment

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts-Arizona Cactus-Pine Council will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts-Arizona Cactus-Pine Council to seek treatment for my child by a licensed medical professional.

Emergency Contact

Name	Phone	Relationship to Child

Participant and Parent/Guardian Agreement

This purpose of the “High Risk Activity Permission Form” is to inform parents/guardians of the risk, and to provide the opportunity for both their own evaluation of their daughter’s readiness for the activity, and the reinforcement with their daughter, of the skills and behavior necessary to safely participate in the event.

Printed Parent / Guardian Name	Signature	Date