Specific Event and High-Risk Activity Permission Form

girl scouts arizona cactus-pine

EVENT INFORMATION - COMPLETED BY LEADER

Troop/Group #	Event or Activity Name
Event Location	Event Date(s)
Departure Location	Departure Date/Time
Return Location	Return Date/Time
Mode of Transportation	Cost per Participant
Leader/Adult in Charge	Event Emergency Phone
Required equipment, clothing, supplies, preparation meetings, or attached details	

Will or may this event involve unusual or high-risk activity?

☐ Yes ☐ No

If yes, list the activity or activities

Leader Name (Print)	Leader Signature	Date

PARTICIPANT INFORMATION - COMPLETED BY PARENT/GUARDIAN

Participant's Full Name	Troop/Group #	Troop Level
Parent/Guardian Name	Primary Phone	Alternate Phone
Address	City, State & Zip Code	Email

SPECIAL NEEDS, MEDICATION, AND CARE

☐ Participant has no special medical, dietary, behavioral, accessibility, or care needs. ☐ Participant may need the following support:

Medication, treatment, food, accomodation, accessibility support, or other care information:

Parent/Guardian Acknowledgements

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Participant Name: _____

EVENT PARTICIPATION REQUIREMENTS

- ☐ I am responsible for ensuring that my child is prepared to participate, including fees, required preparation, equipment, clothing, and supplies.
- ☐ I am responsible for ensuring that my child behaves appropriately. I understand I may be asked to pick up my child early at my expense if the leader or adult in charge determines that my child is not behaving appropriately.
- ☐ I understand my child may not participate if she appears ill. If she becomes ill during the activity, I may be asked to pick her up early at my expense.
- ☐ I will provide written medication instructions, including medication name, dosage, administration times and dates, and reason. Medication will be supplied in the original container.
- ☐ I authorize treatment by a licensed medical professional when necessary and accept financial responsibility for expenses associated with medical care.

HIGH RISK ACTIVITY PERMISSION

I understand that some activities involve a higher-than-normal level of risk and participation is voluntary. I have considered my child's physical, emotional, and developmental readiness and grant permission for participation in the activities checked below.

- ☐ 3D Archery
- ☐ Air/BB Guns
- ☐ Amusement Park Rides
- ☐ Aquatic Bounces and Slides
- ☐ Archery
- ☐ Backpacking
- ☐ Bicycle Riding
- ☐ Canoeing
- ☐ Challenge Courses
- ☐ Climbing and Rappelling
- ☐ Cross-Country Skiing
- ☐ Downhill Skiing and Snowboarding
- ☐ Fencing
- ☐ Go-Karts
- ☐ High Ropes
- ☐ Horseback Riding
- ☐ Ice Skating and Roller Skating
- ☐ Indoor Skydiving
- ☐ Indoor Trampoline
- ☐ Kayaking
- ☐ Knife Throwing
- ☐ Low Ropes
- ☐ Muzzle Loading
- ☐ Offshore Water/Large Passenger Vessels
- ☐ Pistol
- ☐ Recreational Tree Climbing
- ☐ Rifle
- ☐ Rock Climbing
- ☐ Row Boating
- ☐ Sailing
- ☐ Scuba Diving
- ☐ Segway
- ☐ Shotgun - Trap/Skeet Shooting
- ☐ Sledding, Tobogganing, and Snow Tubing
- ☐ Slingshot
- ☐ Snorkeling
- ☐ Snow Skiing
- ☐ Spelunking/Caving
- ☐ Standup Paddle Boarding
- ☐ Surfing
- ☐ Swimming
- ☐ Target Paintball
- ☐ Tethered Balloon Rides
- ☐ Tomahawk / Hatchet Throwing
- ☐ Tools - Hand and Power
- ☐ Tubing
- ☐ Water Skiing and Wakeboarding
- ☐ White Water Rafting
- ☐ Windsurfing/Sail Boarding
- ☐ Zip Line
- ☐ Other: _____

Permissions and Activity Readiness

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Participant Name: _____

PARTICIPATION LEVEL

☐ My child may participate without restrictions. ☐ My child may participate with the special considerations or restrictions listed below.

Restrictions, accommodations, readiness information, or safety considerations:

OPTIONAL PROGRAM CONTENT PERMISSION

The event may include age-appropriate educational discussions or activities related to health, hygiene, emotional wellness, personal development, healthy communication, internet safety, and personal boundaries. The leader should provide families with activity-specific details in advance when this permission is requested.

☐ Yes, my child may participate in the described educational discussions and activities. ☐ No, my child may not participate.

BED-SHARING PERMISSION

For overnight events, lodging arrangements may require Girl Scouts to share a bed with another Girl Scout participant. Girl Scouts will not share a bed with an adult. Please indicate your permission below.

☐ Yes, my child may share a bed with another Girl Scout participant. ☐ No, my child may not share a bed with another Girl Scout participant.

Parent/Guardian Certification and Agreement

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Participant Name: _____

HIGH-RISK ACTIVITY ACKNOWLEDGMENT AND RELEASE

I understand that my child may participate in activities involving a certain degree of risk. I have considered the risks associated with the activities I authorized, and I consent to my child's participation. I understand that participation is voluntary and requires participants to follow applicable rules and standards of conduct.

I believe my child is developmentally ready, physically and emotionally, and has the skills needed to participate in the activities I authorized, subject to the restrictions or accommodations listed on this form. To the best of my knowledge, my child is in appropriate physical condition to participate, and I have communicated relevant health, safety, accessibility, and support needs to the leader or adult in charge.

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.

PARTICIPANT AND PARENT/GUARDIAN AGREEMENT

The purpose of this form is to inform parents/guardians about event details and potential risks, allow the parent/guardian to evaluate the participant's readiness, and reinforce the skills and behavior needed to participate safely.

Parent/Guardian Name (Print)	Date
Parent/Guardian Signature	Primary Phone
Secondary Parent/Guardian Name (Print), *Optional*	Date
Secondary Parent/Guardian Signature, *Optional*	Primary Phone

If only one parent/guardian signs, the signer represents that the consent of any other parent/guardian has been obtained and/or is not needed.

PARTICIPANT ACKNOWLEDGMENT - RECOMMENDED FOR HIGH-RISK ACTIVITIES

☐ I understand the safety rules and behavior expectations for this activity and agree to follow instructions from the activity facilitator and Girl Scout adults.

Participant Name (Print)	Participant Signature	Date

COUNCIL/LEADER USE

Form reviewed by:	Review Date
Restrictions or follow-up communicated to activity staff by	Date