

Adventure Permission Form

**PERMISSION TO PARTICIPATE IN ADVENTURE
OR PROGRAM ACTIVITIES AT SPECIAL FACILITIES**

I give permission for my child to participate in adventure or program activities at special facilities. I understand that if I have any questions or concerns about these programs (or the risks involved in these programs), that I can contact the Girl Scouts of Tulip Trace Council (812-336-6804 or 800-467-6804) for more information.

PHOTO RELEASE

In order to publicize all the wonderful happenings in the Girl Scout program, we want people to see and hear the girls, as they are involved with the activities. The permission slip below will give us the authority to do this.

I, being parent/guardian of _____, hereby give my consent that the videotapes, photographs, and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of Tulip Trace Council, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby give my consent that such photographs, films and recordings and electronic images, and the plates, tapes and/or software from which they are made, shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, plates and tapes and software as they may desire—free and clear of any claims whatsoever on my part.

PERMISSION AND ASSUMPTION OF RISK

I have been advised and I understand that during my participation in the _____(name of activity), certain natural risks and dangers that cannot be controlled may occur. I realize I may suffer cuts, bruises, or fractures.

I understand the equipment to be used during the event is standard industry equipment of natural and manmade materials. I understand that physical contact with fellow participants and natural and manmade materials is an integral part of the activity. I understand that the skill levels of myself and fellow participants will be varied and diverse.

I am aware of, understand, and voluntarily accept the risks of these activities with any other natural risks which may occur. I understand the rules, regulations and standards as set by *Safety-Wise*, _____(name of facility), and their facilitators.

EMERGENCY CONTACT INFORMATION

Parent/Guardian (first contact): _____ Phone: (day) _____

Parent/Guardian (second contact): _____ Phone: (day) _____

Emergency Contact (if parent/guardian cannot be reached): _____

Phone: (day) _____ Cell/Other: _____

Date

Participant Signature

Date

Parent or Guardian signature if participant is under 18 years of age

Print Parent/Guardian Name