



## Troop High Risk Activity Information and Permission

Troop \_\_\_\_\_ is planning a \_\_\_\_\_  
 which will include \_\_\_\_\_, a high risk activity.  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Location Phone \_\_\_\_\_  
 Location \_\_\_\_\_ Type of Transportation \_\_\_\_\_  
 Time/Place of Departure \_\_\_\_\_  
 Time/Place of Return \_\_\_\_\_  
 Cost per girl \_\_\_\_\_ Each girl should bring \_\_\_\_\_

Adults accompanying girls:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of delay in returning or an emergency, Leader will notify (name) \_\_\_\_\_  
 (phone) \_\_\_\_\_ who will then notify parents.

Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT: CUT ALONG DOTTED LINE AND RETURN TO LEADER BY (DATE) \_\_\_\_\_**

### High Risk Activity Permission

I give my permission for my daughter, \_\_\_\_\_ to attend and participate in all activities related to \_\_\_\_\_ on \_\_\_\_\_.

I understand that the opportunity to participate in the above activities may present more than usual risk. I understand that my daughter must be physically and emotionally ready for these activities, and that there may be minimum skill requirements. I understand that if my daughter does not meet these readiness requirements, she will not be allowed to participate. I agree that my daughter will be responsible for wearing protective equipment and following safety rules as instructed. Girl Scouts of Texas Oklahoma Plains, Inc. cautions you that some facilities require parents to sign a Release and Waiver of Liability before allowing minors to use their facilities. I understand that when I sign a Release and Waiver of Liability as required by these facilities, I may be giving up valuable legal rights. I understand that I may wish to consult an attorney before signing a Release and Waiver of Liability. I will not allow her to attend the event if she becomes exposed to any contagious disease or if for any reason I do not consider her in good physical condition. NOTE: Prescriptions and/or over the counter medications will be administered to a girl by or in the presence of the responsible adult and only with written permission from a custodial parent, legal guardian or a physician. Prescriptions and/or over the counter medications should be in the original container, carefully labeled with the girl's name and dosage, and must be accompanied by written instruction from a custodial parent, legal guardian or physician. In case of accident or illness, I authorize a representative of Girl Scouts of Texas Oklahoma Plains, Inc. to give consent to a physician and/or hospital for medical and/or surgical treatment. It is understood that every effort will be made to notify me before such action is taken. I understand that Girl Scouts of Texas Oklahoma Plains, Inc. may use photographs or audio/video tapes of my daughter in event activities for Girl Scout public relations. I understand the Council cannot be responsible for loss of valuables.

During the activity, I may be reached at \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Contact person to notify in an emergency if custodial parent/legal guardian cannot be reached. This person is authorized to act for me/us

Name _____	Phone _____	Address _____	City _____
Who will be picking up your daughter?			
Custodial Parent/Legal Guardian Name _____	Driver's License # _____		_____
Other Relative Name _____	Driver's License # _____		_____
Friend of Family Name _____	Driver's License # _____		_____

Custodial Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_