



Event Specific PERMISSION TO PARTICIPATE

CAREGIVER: Return this completed and signed form to your troop co-leader. Your child must have this signed form to participate in the activity described below. This form is supplemental to the GSH Annual Health and Permission Form and is to be used for any 1) overnight 2) any inter-island, US Continental, international travel 3) high adventure or sensitive topic in nature activity defined by council.

My child _____, has my permission to participate in the activity described below with Troop # _____.

Check each box for agreement and permission:

Participant is in good physical condition and has not had any serious illness or operation within the last 14 days. I understand that this activity will be carried out in keeping with health and safety practices of Girl Scouts of the USA, Girl Scouts of Hawai'i and local protocols.

I acknowledge that participation in the activity described below involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

My child has my permission to be a passenger in the vehicle assigned to be used for transportation during this activity (if option available).

In the event of an accident or illness during this activity, I shall not hold the volunteer troop leader, their agents, or Girl Scouts of Hawai'i responsible. I authorize the volunteer leader to obtain medical and emergency services, if necessary and have submitted the annual health form to my troop co-leader.

Girl Scouts of Hawai'i has my permission to (add as needed):

During this activity, I can be reached at this phone number:

Name: _____ Phone: _____

If I cannot be reached, this is my emergency contact person:

Name: _____ Phone: _____

DATE OF ACTIVITY: _____ **TIME: FROM** _____ **TO** _____

ACTIVITY DESCRIPTION: _____

LOCATION: _____

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

CAREGIVER PRINTED NAME: _____

CAREGIVER SIGNATURE: _____ **DATE:** _____