



### Authorized Adults for Day Camp Pick Up

Camp Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please list all adults (must be 18+ years old) who are authorized to pick up your children from camp. Adult should be prepared to show a photo ID at check out. You may add as many as you wish:

First and Last name of Adult: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

First and Last name of Adult: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

First and Last name of Adult: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

First and Last name of Adult: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

First and Last name of Adult: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Is there anyone who should NOT be allowed to pick up your child from camp?

First & Last Name \_\_\_\_\_

Physical Description \_\_\_\_\_



Girl's Name \_\_\_\_\_  
Last First

Current medications (need to be in original container with dosage). \_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Permission for Emergency Medical Treatment**

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Colorado to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Updated \_\_\_\_\_



## **GSCO Outdoor Program Participation Waiver**

I understand there are numerous risks associated with participation in any camping activities, including trips, slips, scrapes, bruises, broken bones, and falls from a height (horseback, rock climbing, or other activity), drowning, and even death. Many, but not these risks are inherent in these and other activities that my camper participates in through Girl Scouts of Colorado.

Equipment used in the activity may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in activities may inflict injuries even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and to others.

Counselors, volunteers and guides use their best judgment in determining how to react to circumstances including, but not limited to, camper injury and evacuation, car accident, and incidents with non-Girl Scout users. The counselors and guides may misjudge such circumstances, an individual's capabilities and the like.

These are some, but not all, of the risks inherent in camping activities; a complete listing of inherent and other risks is not possible. There are also risks which cannot be anticipated. I give my permission for my camper to participate in all camp activities, including those described above. I acknowledge and assume the risks involved in these activities, and for any damages, illness, injury or death resulting from such risks for myself and my camper.

I agree to indemnify and hold harmless Girl Scouts of Colorado, its employees, representatives, and agents from any claims, actions, or liabilities (including reasonable attorney fees), for any occurrences which result in any injury, illness, accident or harm of any kind to Participant while participating in the above referenced event or activity.

I also expressly agree to release and discharge Girl Scouts of Colorado, its employees, representatives, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

In signing this document, I fully recognize and understand that I am giving up my right and participant's right to make a claim or file a lawsuit against Girl Scouts of Colorado even if they or the event operator negligently or by some other act or omission cause injury or damage to participant.

I agree that this Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Colorado and that if any portion thereof is held to be invalid, the balance of the agreement shall continue in full legal force and effect.

As parent or legal guardian of a participant under 18 years of age, I voluntarily agree that said minor may participate in the above referenced event or activity, and sign this release on their behalf. I understand that this is a release of all claims that is binding on myself, my heirs, members of my family, personal representatives and assigns. I understand that I am assuming all risk inherent in the above referenced event or activity. I voluntarily sign my name as evidence of my acceptance of the above provisions.

[ ] I have read and understand this document, and agree to the terms and conditions above.

Camper Name (Printed): \_\_\_\_\_

Parent/ Legal Guardian Name (Printed): \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DATE(S):**

**PHOTOGRAPHER/PRODUCER:**

**ASSIGNMENT:**

**COUNCIL:** Girl Scouts of Colorado

**LOCATION:**

**ACTIVITY:**

### RECEIPT RELEASE FOR MINORS

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that her name, image, and likeness, as shown in the video-tapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

NAME OF MINOR \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE CO ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images in which I appear, and/or audio recording made of my voice may be used by Girl Scouts of the U.S.A., its assigns or successors, in whatever way they desire, including television and Web sites; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and the plates, tapes and/or software from which they are made shall be their sole property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE CO ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_



**Permission to Transport**

In the event that I cannot be reached in a medical or emergency of any kind where transportation is required, I hereby give my permission to the Girl Scout program leadership, physician, hospital or medical service selected by the Girl Scout program leadership to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

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**Girl Name (printed)**

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**Parent Name (printed)**

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**Parent Signature**

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**Date**