



**Camp White Rock High Adventure Course
CONSENT FOR PARTICIPATION**

Date of Event: _____

Location: _____

Participant Name: _____

If under 18, Name(s) of Parent/Guardian: _____

I [_____] understand the facilitator should be made aware of any health problems participants have that may influence them on the course. This includes allergies to bee stings and poison ivy, as well as asthma, diabetes, heart conditions, old injuries with chronic symptoms or recent surgeries. Please list any medical conditions that would limit or affect physical activity or group participation:

I understand that the manufacturer recommended weight restriction on the equipment is a min of 60 pounds and a maximum of 250 pounds. The harness must fit properly for participant to the use course. Proper fit is at the discretion of the facilitators. I understand height and body build may limit some participation. _____ (initial)

I understand that any physical activity involves a risk of injury, illness or death and that my/this child's participation in the low ropes and high ropes program operated by the Girl Scouts Nation's Capital is entirely voluntary. I understand that while reasonable care will be taken to ensure my/this child's safety, safety cannot be guaranteed. In case of medical emergency, I give permission to the Girl Scouts Nations Capital representative to select a physician/hospital and to secure treatment for me/this child. _____ (initial)

In consideration of the opportunity afforded, with full knowledge and voluntary acceptance of the risks associated with this activity, and with full understanding of the above issues and conditions, I, for myself or for my child, as applicable, hereby release Girl Scouts Nation's Capital, its employees, volunteers, and staff from any claims or liability arising out of participation.

Signature of Participant: _____ Date: _____

If under 18, Signature of Parent/Guardian: _____ Date: _____