



PROGRAM RELEASE FORM

Families need to only fill out one form.

Bring this completed form to the program you will be attending. This form will not be returned.

The camp/program director has the right to refuse to admit anyone who does not meet the acceptable health conditions (temperature, contagious disease, etc.).

PROGRAM NAME _____

PROGRAM DATE _____

PARTICIPANT #1 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: Yes No – If Yes, please list: _____

Special medical or other pertinent information:
 Yes No – If Yes, please list: _____

Limitations of activity:
 Yes No – If Yes, please list: _____

PARTICIPANT #2 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: Yes No – If Yes, please list: _____

Special medical or other pertinent information:
 Yes No – If Yes, please list: _____

Limitations of activity:
 Yes No – If Yes, please list: _____

PARTICIPANT #3 INFORMATION

Participant Name: _____ Troop #: _____ Birth Date: ____/____/____ Age: _____

Allergies: Yes No – If Yes, please list: _____

Special medical or other pertinent information:
 Yes No – If Yes, please list: _____

Limitations of activity:
 Yes No – If Yes, please list: _____

PARENT/GUARDIAN INFORMATION OF PARTICIPANTS WHO ARE MINORS

Parent/Guardian #1

Name: _____

Relationship to Participant: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: _____

Alternative Phone: _____

Parent/Guardian #2

Name: _____

Relationship to Participant: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: _____

Alternative Phone: _____

EMERGENCY CONTACT INFORMATION (If minors are attending, please list a non-parent/guardian contacts)

Contact #1

Name: _____

Relationship to Participant: _____

Cell Phone: _____

Alternative Phone: _____

Contact #2

Name: _____

Relationship to Participant: _____

Cell Phone: _____

Alternative Phone: _____

DESIGNATED DRIVER RELEASE

To ensure the safety of minors, girls will only be released to those listed below.

- Be taken to program by: Name _____ Relationship to minor _____ Phone _____
- Be taken home by: Name _____ Relationship to minor _____ Phone _____

PERMISSION STATEMENT

I give permission for all participants listed above to:

- Attend the Girl Scout program listed above.
- Be treated by a health care provider, first aider, health supervisor, and/or hospital in case of an emergency.
- Have photographs, video, audiotape, and artist renditions to be taken of them while involved in Girl Scout programs. I allow Girl Scouts of Utah to release said images for the promotion and publicity of Girl Scouting.
- **HIGH RISK ACTIVITIES:** I recognize that some Girl Scout activities such as horseback riding, climbing, rappelling, biking, rafting, ropes course, archery, and the waterfront are high-risk activities and can be dangerous. I will be responsible for ensuring that I/my Girl Scout(s) brings the required equipment and I/she will only participate if I/she is in good physical condition.
- **ADVENTURE AND LEADERSHIP PROGRAMS:** I understand that I/my camper may participate in hikes and adventure activities off of Girl Scout owned property. Overnight campouts are part of some programs. Girl Scouts in leadership programs may be transported to various program sites during their programs. Girl Scouts in high adventure programs may also be transported to program sites. I authorize Girl Scout staff/volunteers to transport me/my Girl Scout to and from these activities.

PLEASE SIGN

Signature of Self or Parent/Guardian of Minors

Date