

## EVENT RELEASE FORM

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

**The camp/event director has the right to refuse to admit anyone to the event who does not meet the acceptable health conditions, e.g. temperature, contagious disease.**

Event Date \_\_\_\_\_

Troop Number \_\_\_\_\_

Name		Event Name	
Address		City	State
			Zip
Date of Birth		Age	
Parent's Name (if minor)			
Home Phone		Work Phone	Cell Phone

**Telephone where emergency contact may be reached:**

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

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I give permission to:**

- Attend above Girl Scout event
- be treated by a health provider, first aider, health supervisor, and/or hospital in case of an emergency.
- have photographs and videos taken while participating in this event. Girl Scouts of Utah may use these photographs and/or videos for publicity purposes.

• Be taken to event by: Name \_\_\_\_\_ Phone \_\_\_\_\_

• Be taken home by: Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

Signature of self or parent/guardian for minor \_\_\_\_\_

**ADDITIONAL INFORMATION**

 Allergies:  Yes  No

If yes, please list \_\_\_\_\_

 Any special medical or other pertinent information:  Yes  No

If yes, please list \_\_\_\_\_

 Limitations for activities:  Yes  No

No If yes, please list \_\_\_\_\_

Additional remarks: \_\_\_\_\_