



# 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