

**High-Risk Activity Permission Form**  
**To be completed, signed by a custodial parent/guardian**

**This form is required to be filled out completely and signed in order to participate in the Girl Scout "High Risk" Activity**

Girl's Name		Home Phone #	
Troop #		Troop Level	
Caregiver		Cell Phone #	
Address		City & Zip Code	
Date of Activity			
Location of Activity			

**Parent Permission – Hold Harmless**

I understand that my daughter may be participating in activities that involve a certain degree of high risk. I have carefully considered the risk involved and have given consent for my child to participate in the activities marked below. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I release the Girl Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. I feel my daughter is developmentally ready both physically and emotionally and possesses the skills needed to participate in the activities I have marked below. She is in good physical condition and has not had any serious illness or surgery since her last health examination.

**I understand the risks inherent to the below activities;**

(Please check all those that apply to the activities that your daughter has permission to participate in if given the opportunity)

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3-D Archery	Go-Karts	Rifle	Spelunking / Caving
Air/BB Guns Water	High Ropes	Recreational Tree Climbing	Standup Paddle Boarding
Amusement Park Rides	Horseback Riding	Rock Climbing	Target Paintball
Archery	Ice Skating and Roller Skating	Row Boating	Tethered Balloon Rides
Aquatic Bounces and Slides	Indoor Skydiving	Sailing	Tomahawk / Hatchet Throwing
Backpacking	Indoor Trampoline	Scuba Diving	Tools - Hand and Power
Bicycle Riding	Kayaking	Segway	Tubing
Canoeing	Knife Throwing	Shotgun - Trap/Skeet Shooting	Surfing
Challenge Courses	Low Ropes	Rifle	Swimming
Climbing and Rappelling	Go-Karts	Slingshot	Water Skiing and Wakeboardin
Cross-Country Skiing	Muzzle Loading	Sledding, Tobogganing, and Snow Tubing	Windsurfing /Sail Boarding
Downhill Skiing and Snowboarding	Offshore Water / Large Passenger Vessels	Snorkeling	White Water Rafting
Fencing	Pistol	Snow Skiing	Zip Line

My daughter may participate ( ) without restrictions ( ) Special considerations or restrictions:

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### Permission for Emergency Medical Treatment

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts of California's Central Coast will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts of California's Central Coast to seek treatment for my child by a licensed medical professional under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code.

Emergency Contact		
Name	Phone(s)	Relationship to Child

Participant and Parent/Guardian Agreement	
This purpose of the "High Risk Activity Permission Form" is to inform parents/guardians of the risk, and to provide the opportunity for both their own evaluation of their daughter's readiness for the activity, and the reinforcement with their daughter, of the skills and behavior necessary to safely participate in the event.	
Printed Name of Caregiver	Signature and Date