girl scouts north carolina coastal pines

Girl Scouts - North Carolina Coastal Pines
6901 Pinecrest Road, Raleigh, NC 27613
919-782-3021 or 800-284-4475

ASSUMPTION OF RISKS AND AUTHORIZATION OF EMERGENCY SERVICES ALPINE TOWER/CHALLENGE PROGRAMMING

*Complete and send in this form **ONLY** if your climber is a Girl Scout Junior (4th grade) and wants to climb or swing on the tower at camp. She **WILL NOT** get to climb without this completed waiver on file.

Parental Permission

If you are not yet 18 years of age, your parents or legal guardian must complete the following:

I/We _____(parents or guardian names) give permission for our child_____(name) to participate in climbing or swinging on the Alpine Tower at Camp Mary Atkinson. In the event of an emergency, I/We request that the Program Leader(s) secure emergency medical services to aid our child if it is in their judgment that such services are necessary.

Please read each of these statements carefully and initial, then sign and date, and have a witness sign and date. Thank you.

Initial

_____ I give my permission for the program Leaders to seek emergency medical or rescue services for my child should she become ill or injured.

_____ I agree not to use drugs, alcohol, or tobacco during any part of the program and I comprehend that such use may lead to dismissal from the program.

_____ I accept the fact that, while the program Leader(s) are skilled and experienced, they are not the guarantors of my total safety, since some risks are beyond their control.

_____ I agree to follow all instructions and guidelines given by the program Leader(s), and to act in a safe and responsible manner toward all participants.

_____ I realize that program Leaders have the discretion to limit or prevent my participation, and that otherwise I will choose my own level of participation.

_____ I have completed a health form with information that is accurate, complete, and true to the best of my knowledge.

_____ I understand that certain events may cause suddenly elevated heart rates which could lead to serious consequences including death if I have heart disease, hypertension, or other conditions affected by surges in heart rate.

_____ I agree to notify the program leader(s) of any changes to my health and fitness which may occur before or during the program.

_____ I fully comprehend and willing assume the responsibilities and risks associated with participation in this Alpine Tower/ Challenge program, which include but are not limited to fire ant and other insect bites and stings, uneven ground, falling limbs, splinters, rope burn, scrapes and scratches, and depending on my group members for safe spotting and belaying.

_____ **In consideration of being allowed to participate in this activity, I willingly assume <u>responsibility for my own actions while engaged in this activity.</u>**

Parent/Guardian Signature:_____Date:_____

Witness Signature: _____Date:_____