

Girl Scouts of Western Ohio

Permission Slip

Must be completed ANYTIME your troop goes ANYWHERE away from their usual meeting place.

Return the bottom portion of this form to Leader by (date): Friday April 27

Troop #: _____ is planning a: Overnight Trip Camp Ernst

Date(s): May 11-May 12 Time: 3:30 pm -5:30 pm

Location: YMCA Camp Ernst Phone: (859) 586-6181

Mode of Transportation: Car

Place of Departure: _____ Time: _____

Place of Return: _____ Time: _____

Adults Accompanying the Leader:

Name: _____ Phone: _____

Name: _____ Phone: _____

Each Girl Will Need:

Expenses \$: Separate email Equipment: Separate list

Contact In Case Of Emergency:

Name: _____ Phone: _____



Cincinnati	Dayton	Lima	Toledo
513-489-1025	937-275-7601	419-225-4085	419-243-8216
800-537-6241	800-233-4845	800-962-7753	800-860-4516
www.girlscoutsofwesternohio.org			



✂ -----

My daughter, (name): _____

Has my permission to attend: YMCA Camp Ernst

She is in good physical health and does not have any serious illness or has not recently had an operation. Her updated health form is in the leader's possession or is being returned with this form with information updated (as needed) and signed on the back.

During the activity, I may be reached at:

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

I understand that my child will not be released to any person other than the above named or myself. I understand that, for my daughter's protection, all persons will be asked for identification. Persons named above should be prepared to provide identification to the satisfaction of the leaders in charge (i.e. current driver's license with photo identification).

Parent/Guardian Signature: _____ Date: _____

This form is used for permission to participate in activities that are inherently high risk. *This form is **not** used for climbing walls, high ropes courses, low ropes courses, team initiatives, zip lines or horseback riding.* These types of activity providers should have their own liability and risk forms.

Girl's Name: _____ Home Phone #: _____

Caregiver Name: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Troop/Group #: _____ Girl Scout Grade _____

Caregiver Permission

I understand that my daughter may be participating in activities, on and/or off council property, that are considered high risk. I feel that she 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. In case of an emergency, when I cannot be reached, I give permission for her to be treated by a qualified physician at the nearest hospital. (There may also be additional release forms specific to the activities listed below that need to be signed.)

I understand the risks inherent in the below activities: (Please, check all those that apply to the program girls are attending or that she has permission to participate in, if given the opportunity.)

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Amusement Park Rides | <input type="checkbox"/> Archery | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Bicycle Riding |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Caving | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Water Parks | <input type="checkbox"/> White Water Rafting | |

Other: _____ Other: _____

Date of Activity: _____

Location of Activity: _____

Signature of Caregiver

Date

The purpose of this "High-Risk Activity Permission Form" is to inform caregivers of the risk, provide the opportunity for both the caregivers' and girl's evaluation of her readiness for the activity and to give caregivers the opportunity to reinforce the skills and behavior necessary to safely participate with their daughters.

YMCA OF GREATER CINCINNATI
Release and Waiver of Liability and Indemnity Agreement

Facility Inspection

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

Hold Harmless Agreement

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE RELEASEES FROM LIABILITY from any claim whatsoever which may result of any first aid, treatment, services, or assistance to the person while in, about, or upon the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED gives permission for YMCA and American Camp Association to use the listed participants image/words for camp promotion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
Phone Number	Email Address	
Family Members Covered (Print all names)		