

GSCTX Camps High Adventure Activities

Participant Information and Liability Release Form

GSCTX high adventure activity programs involve a variety of activities that include physically active games, group "brain teasers", low challenge course activities (at 8' or below with minimum safety equipment), high challenge course activities (from 8' to 40' with harnesses, helmets, and safety equipment and procedures), climbing walls, and zip lining (the "Activities"). The Activities will involve physically and emotionally demanding activities in an outdoor setting, and may include climbing, jumping, and other rigorous activities on natural and manmade structures.

I understand that each of the Activities is based on the philosophy of "Challenge By Choice" which means no one will ever be emotionally or physically pushed to participate beyond their feelings of safety. ☐

GSCTX activity facilitators and members of Participant's group will work together to complete the Activities and ensure the safety of all. It is possible that Participant may be injured while participating in the program either because of Participant's own conduct, conduct of others in the group, or due to the nature of the Activities.

I understand that Participant will be a crucial aspect of his or her own safety as well as the safety of others. Inappropriate behavior that may bring harm to others or the Participant may result in removal from all of the Activities by the facilitators. Participants removed from any one of the Activities due to conduct will become the responsibility of the sponsoring agency/group/adult leader.

Certain health/medical information must be made known to the facilitators conducting this program so they will be prepared to respond appropriately if the need arises. All information given on this form will be held in confidence.

Medical Information: (please print)

Name: _____ Birthdate: _____ Age: _____
(Participant)

If the Participant has had any of the following symptoms or conditions, circle "yes", underline the specific condition, and provide pertinent details on the back of this form. If not, circle "no".

1. Yes No Unresolved muscle, joint, or nerve injury (including back, knee, or neck).
2. Yes No History of diabetes, thyroid imbalance or hypoglycemia or other related condition.
3. Yes No History of epilepsy, seizures, or fainting.
4. Yes No History of cardiac condition (such as palpitations, murmur, irregular rhythm)
5. Yes No History of irregular blood pressure.
6. Yes No History of respiratory condition (such as asthma, chronic bronchitis, COPD)
7. Yes No Injury or illness requiring hospitalization within the past six (6) months.
8. Yes No Episodes of depression, anxiety, hysteria, or nervousness.
9. Yes No Severe Allergies (including insects).
10. Yes No History of drug allergies (i.e. penicillin, tetanus antitoxin)
11. Yes No Currently taking any medications on a regular basis (please list on back all medications).
12. Yes No Currently under a medical professional's care or have other medical conditions not listed.

All participants must wear sturdy, close-toed shoes (i.e. tennis shoes), pants or shorts that cover at least to mid-thigh, and shirts that cover the shoulder-area. Clothing may act as protection from the course obstacles, and it is recommended that participants wear clothing that can become soiled or damaged. Participants with long hair will be expected to gather it up along the nape of the neck so that a helmet can easily fit over. Jewelry, non-prescription eyewear, or additional items must be removed before participation and GSCTX Camps cannot be held responsible for these items.

RELEASE OF LIABILITY: I, INDIVIDUALLY, AGREE ON BEHALF OF MYSELF, OR I AS PARENT AND/OR LEGAL GUARDIAN AGREE ON BEHALF OF MYSELF AND MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, REPRESENTATIVES, SUCCESSORS, EXECUTORS, ADMINISTRATORS AND/OR ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, NOT TO SUE AND TO RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS CAMP TEXLAKE/CAMP KACHINA, THE GIRL SCOUTS OF CENTRAL TEXAS, AND THEIR EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SUCCESSIONS, AND/OR ASSIGNS, INCLUDING ACTIVITY FACILITATORS, STAFF REPRESENTATIVES, AND VOLUNTEERS (THE "RELEASED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS' FEES, AND OTHER COSTS OR OBLIGATIONS OF ANY KIND, ON ACCOUNT OF ANY PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, ACCIDENTS, AND/OR ILLNESS ARISING OUT OF OR IN ANY WAY RELATED TO THE ACTIVITIES AND THE GSCTX HIGH ADVENTURE ACTIVITY PROGRAM, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE MORE OF THE RELEASED PARTIES.

I agree should any part or portion of this Release of Liability provision be determined to be legally invalid or unenforceable for any reason, only such part or portion shall be severed and removed from the provision. The remaining parts or portions of this provision that have not been ruled invalid or unenforceable shall independently survive and remain in full force and effect, with only the invalid or unenforceable parts or portions of this provision to be deemed unenforceable and severed.

I hereby give permission for Camp Texlake/Camp Kachina staff to administer basic first aid or to seek appropriate medical attention for myself or my child.

I affirm that my or my child's health is good, and I am/my child is not under a physician's or other medical professional's care for any undisclosed condition that bears upon my fitness to participate in the GSCTX High Adventure Program and the Activities.

I have read and understand this Participant Information and Liability Release Form, and voluntarily sign it.

Signature of Participant

Signature of Parent/Guardian (if under 18)

Date