

## Adult Emergency & Medical Information Form

This form is to be completed by all adults who accompany the troop/group. The form should be placed in a sealed envelope with the adult's name on the outside and kept with the girls' forms. These forms should be kept with the troop/group at all times and only needs to be opened in case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Preferred) \_\_\_\_\_ (Alternate) \_\_\_\_\_

### Second Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Preferred) \_\_\_\_\_ (Alternate) \_\_\_\_\_

### Medical Information

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference (if any) \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Additional remarks \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact person are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my health. I waive my right of informed consent to such treatment.

(Please initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

## EVENT PERMISSION

I recognize, acknowledge, and understand that there are certain risks of physical injury to participants in Girl Scout programs, events, and activities (collectively the "Event") and I VOLUNTARILY AGREE TO ASSUME THE FULL RISK of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation.

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE EVENT AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF, HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE TO THE FULLEST EXTENT PERMITTED BY LAW THE GIRL SCOUTS OF SOUTHWEST INDIANA INCLUDING ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, AND EMPLOYEES (HEREINAFTER COLLECTIVELY "GSSI") FROM AND AGAINST ALL CLAIMS, ACTIONS, DEMANDS, ATTORNEY'S AND EXPERT FEES, DAMAGES, LOSSES, INJURIES, ILLNESSES, COSTS, EXPENSES AND/OR LIABILITIES (COLLECTIVELY "CLAIMS"), WHETHER SUCH ARISES BASED ON NEGLIGENCE OR BY ANY STATUTORY OR COMMON LAW THEORIES, (INCLUDING WITHOUT LIMITATION ALL INJURIES, DISABILITY OR DEATH) ARISING OUT OF, IN CONNECTION OR IN ANY WAY ASSOCIATED WITH THE RACE, THE GRANT OF RIGHTS HEREUNDER OR BREACH OF THESE REPRESENTATIONS AND WARRANTIES AND EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE SOLE NEGLIGENCE OR CARELESSNESS ON THE PART OF GSSI. I HEREBY AGREE THAT GSSI SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH I MAY SUSTAIN WHILE PARTICIPATING IN THE EVENT OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF GSSI AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS GSSI, FROM ANY CLAIMS WHATSOEVER INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S AND EXPERT FEES.

PARTICIPATION WILL BE DENIED, if this Agreement is not signed on or before the time and place of the Event. By registering for the Event, I agree there is an inherent risk of injury when choosing to participate in recreational activities/programs. All participants must follow safety rules and instructions.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all Claims. I am solely responsible for determining if I am physically fit and/or skilled for the Event contemplated by this Agreement. It is always advisable, especially if a participant is pregnant or disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

This Agreement shall be binding on all respective heirs, devisees, personal representatives, successors and assigns of all parties to this Agreement. This Agreement shall be construed under, and governed by, the laws of the State of Indiana, and all parties hereto consent and agree to the exercise of jurisdiction over any matter arising in connection with this Agreement shall be in the Superior Court of Vanderburgh County, State of Indiana. This Agreement reflects the complete understanding between the parties with respect to its subject matter and cannot be modified except in a writing signed by both parties.

BY SIGNING BELOW, I HEREBY REPRESENT AND CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER, AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I AGREE THAT THE ABOVE AGREEMENT BINDS ME TO ALL TERMS THEREOF.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_