

Girl Scout Event Permission Form

EVENT: Girl Scouts Family Day at Holiday World & Splashin' Safari Fall Event 2026

DATE: August 29, 2026

LOCATION: Holiday World & Splashin' Safari, 452 E Christmas Blvd, Santa Claus, IN 47579

ACTIVITY: Join GSSI for our Girl Scouts Innovation In Motion Fall Event, where Girl Scout councils from across Indiana and Kentucky will partner up for a fun day at Holiday World & Splashin' Safari in Santa Claus, Indiana. This event is for the entire family.

MINOR INFORMATION

Girl Participant Name _____ DOB _____

Girl Participant Name _____ DOB _____

Additional Minor Name _____ DOB _____

Additional Minor Name _____ DOB _____

Additional Minor Name _____ DOB _____

Additional Minor Name _____ DOB _____

ADULT INFORMATION

Adult #1 Name _____ DOB _____

Adult #2 Name _____ DOB _____

Adult #3 Name _____ DOB _____

Adult #4 Name _____ DOB _____

FAMILY EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Phone _____
(Emergency Contact MUST be someone that is not present at the event.)

CONSENT FOR MEDICAL TREATMENT

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for my child(ren) and/or 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 child(ren) and/or my health. I waive my right of informed consent to such treatment.

(Please initial) Yes ___ No ___

PHOTO PERMISSION

I authorize my camper to be photographed during the program and understand images may be used for future Girl Scout promotions.

(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 the minor named below, or I may sustain as a result of said participation.

IN CONSIDERATION FOR THE PRIVILEGE OF THE MINOR PARTICIPATING IN THE EVENT AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF AND THE MINOR, 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

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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 THE MINOR OR 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 by a parent/guardian on or before the time and place of the Event. Parents/guardians of minors registering for the Event 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 the minor and I are 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. By signing this Agreement, I acknowledge that I have the capacity to enter into this document on behalf of the minor. 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 HEREBY REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR CHILD/WARD LISTED BELOW ("MINOR") AND I AGREE THAT THE ABOVE AGREEMENT BINDS ME AND SAID MINOR TO ALL TERMS THEREOF.

Signature of Adult/Guardian _____ Date _____

Printed name of Adult/Guardian _____

Signature of Adult/Guardian _____ Date _____

Printed name of Adult/Guardian _____