Camp Fire USA Georgia Council

Participant Information and Release Form

The Camp Fire USA Participant Information and Release Form **MUST** be signed with **NO** additions, deletions or changes, for the participant to take part in any Camp Fire USA Georgia Council Program. We want to make sure you understand the potential risks involved with our programs and have carefully thought through whether you want to participate.

PLEASE PRINT

Participant's Full Name: _____ D.O.B. ____/____/_____ Age: _____

Address: _____
Street City State Zip

Home Phone (_____)_____ Other Phone (_____)_____

Do you have any health concerns or special needs that our staff should be aware of? If yes, please explain

_____

_____

Please provide the following information in case of an emergency:

Person to notify: _____ Phone: (_____)_____

List allergies, if any: _____

_____

Release Form: The Camp Fire USA Program that you have signed up for may involve physically and emotionally demanding activities in an outdoor setting. It includes hiking and other rigorous activities. You will be working with Camp Fire USA Instructors and with others in your group. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in the group, conduct of Camp Fire USA Georgia Council, Camp Toccoa or the condition of the premises. We want to make sure that you understand the potential risk of injury before you decide to participate in the program. It is required that you read the following very carefully, make sure you understand it and sign it before you begin participation in the program.

I CERTIFY THAT, IN ADVANCE OF PARTICIPATION IN THE ACTIVITY OR PROGRAM IDENTIFIED HEREIN, I HAVE RECEIVED ANY AND ALL INFORMATION WHICH I DEEM NECESSARY OR IMPORTANT IN MAKING AN INFORMED CHOICE REGARDING MY OWN OR MY CHILD/WARD'S PARTICIPATION IN SUCH ACTIVITY OR PROGRAM. IN CONSIDERATION FOR CAMP FIRE USA/ CAMP TOCCOA, ALLOWING MYSELF, MY CHILD OR WARD TO PARTICIPATE IN SUCH ACTIVITY, I HEREBY VOLUNTARILY AGREE TO ASSUME ALL RISKS OF MY OWN, MY CHILD'S OR MY WARD'S PARTICIPATION IN SUCH PROGRAM OR ACTIVITY, AND AGREE TO HOLD HARMLESS CAMP FIRE USA/CAMP TOCCOA, ITS SUCCESSORS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DAMAGES OR EXPENSES WHICH I, MY CHILD OR WARD HAVE OR MAY HAVE ARISING OUT OF OR RELATED TO MY PARTICIPATION, OR THAT OF MY CHILD OR WARD, IN SUCH PROGRAM OR ACTIVITY, INCLUDING DEATH, PERSONAL INJURY OR PROPERTY DAMAGE OR LOSS OF ANY KIND, WHETHER CAUSED BY THE ACT OR OMISSION OF CAMP FIRE USA/ CAMP TOCCOA, MYSELF, MY CHILD OR WARD, OR OTHERS. FURTHER, I HEREBY GRANT FULL PERMISSION TO CAMP FIRE USA/ CAMP TOCCOA THAT ANY PHOTOGRAPH OR ANY OTHER RECORD OF MYSELF, MY CHILD OR WARD AT THIS EVENT OR PROGRAM MAY BE USED FOR LEGITIMATE PROMOTIONAL PURPOSES. I HEREBY GIVE PERMISSION FOR CAMP FIRE USA/ CAMP TOCCOA, TO ADMINISTER BASIC FIRST AID OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED ABOVE.

_____ Date _____
PARTICIPANT SIGNATURE (all participants must sign)

_____ Date _____
PARENT/GUARDIAN SIGNATURE IF PARTICIPANT IS YOUNGER THAN 18