

Klehm Arboretum and Botanic Garden Girl Scout Activity Consent Form and Approval

I understand that participation in Scouting activities involves the risk of personal injury due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant.

With appreciation of the dangers and risks associated with programs and activities I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Klehm Arboretum and Botanic Garden, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Participant's Name (Last, First)

Has approval to participate in (Merit Badge Program) _____

Parent/ Guardian printed name

Parent/ Guardian Signature

Parent/ Guardian Phone Number

Date