

# GirlVentures Waiver and Release Form

Please read and be certain you understand the implications of signing.



girlventures  
Outdoor adventures for inner discovery

Participant's Name \_\_\_\_\_ Program \_\_\_\_\_ Year \_\_\_\_\_

## I. Express Assumption of Risk Associated with Recreational Activities.

I, \_\_\_\_\_ (PARENT/GUARDIAN), in consideration of the services of GirlVentures Programs, including but limited to Project Courage, Transitions, Self-Defense, Rock & Dance, and Girlz Climb On: If I am an adult or the parent or guardian of a minor, I agree, to the fullest extent permitted by law, for myself and on behalf of the minor child, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activities generally described as *GirlVentures Programs*; Further, I acknowledge that I or the minor participant will be using equipment owned by GirlVentures and embarking on transportation associated with the GirlVentures Programs.

**Inherent hazards and risks are those which cannot be eliminated without destroying the unique character of the activities. Inherent risks include but are not limited to:**

- a. Equipment failure and/or malfunction of my own or others' equipment.
- b. Exposure to elements, excessive heat, hypothermia, extreme weather, rain, snow, and lightning strikes.
- c. Physical exposure by impacting the water, water intrusion, rapids, encountering objects either natural or man-made, rocks, rock falls, fallen trees, and uneven terrain, causing injury and/or death, and other outdoor risks.
- d. Attack by or encounter with insects (i.e. bees), reptiles (i.e. rattlesnakes), and/or wild animals.
- e. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
- f. Accidents or illness occurring in remote places where there are no available medical facilities.

**\*I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, mental illness, permanent disability or death.** \_\_\_\_\_ (Initial) ←

## II. Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for Participant being permitted to participate in the programs outlined above and related activities:

- a. **I hereby hold harmless and indemnify GirlVentures, their officers, directors, employees, representatives, agents, and volunteers, and vessels ("Releasees") with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise.** \_\_\_\_\_ (Initial) ←
- b. I agree to hold harmless and indemnify the Releasees from liability and responsibility whatsoever and for any and all claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise.
- c. I hereby indemnify the Releasees for negligence, including my own negligence, the negligence of others, including but not limited to operator error and guide judgment or decision making with respect to terrain, rapids, weather, trail or route location. I acknowledge that the Participant has responsibility for their own safety and the safety of other participants on the GirlVentures Program.
- d. I hereby hold harmless and indemnify Releasees from risks of injury from the activities and from the use or loan of any equipment owned by GirlVentures and/or transportation provided by GirlVentures.
- e. By entering into this Release, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Release document.

**I understand that this release will be binding for the duration of the participant's involvement with GirlVentures, and will be valid for ALL programs enrolled in.** \_\_\_\_\_ (Initial) ←

This Release shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be enforceable.

### **FOR PARENTS OR GUARDIANS**

This is to certify that I, as **Parent, Guardian or Temporary Guardian, with legal responsibility for this minor participant**, do consent and agree not only to her release of all Releasees, but also to release for myself, my heirs, assigns, and next of kin and indemnify the Releasees from any and all liabilities incident to her involvement in these programs.

_____ <b>Signature of Parent/Legal Guardian if Participant is a minor</b>	_____ <b>Print Name</b>	_____ <b>Date</b>
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### **FOR MINOR PARTICIPANT**

I have read The Express Assumption of Risk printed above and my own behalf I acknowledge those risks.

_____ <b>Signature of Minor Participant</b>	_____ <b>Print Name</b>	_____ <b>Date</b>
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### **FOR ADULT PARTICIPANTS (mentors, volunteers, other)**

I have read this Waiver and Release of liability and assumption of risk agreement, and I fully understand its terms, and understand that I have given up legal rights by signing it, and I sign it freely and voluntarily without any inducement.

_____ <b>Signature of Adult Participant</b>	_____ <b>Print Name</b>	_____ <b>Date</b>
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## PHOTO / VIDEO RELEASE

I understand that during GirlVentures Summer Courses and School Year Programs, the minor participant's, for whom I am legally responsible, photograph and/or video may be taken by GirlVentures' producers, sponsors, organizers and/or assigns. I agree that photographs, including video photography, film photography, or other reproduction of the minor participant may be used without charge by GirlVentures' producers, sponsors, organizers, and/or its assigns for such purposes as they deem appropriate. ***I understand that some video and images may be uploaded onto password protected video sites to be shared between other participants and their families.***

**I must call the GirlVentures Office if I have questions or concerns about this Photo/Video Release.**

I have read and understand the above Photo/Video Release.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (printed)

## OVER-THE-COUNTER MEDICATION AUTHORIZATION

I understand that my child, \_\_\_\_\_, may take or need over-the-counter medications during participation on her course. I authorize and give permission to GirlVentures to give my child over-the-counter medications for symptomatic relief, in the appropriate recommended does per the manufacturer's label, as needed.

Over-the-counter medications include but are not limited to:

- Ibuprofen tablets 200 mg
- Acetaminophen 325 mg
- Benadryl (diphenhydramine HCl) 50 mg
- Sudafed (pseudoephedrine HCl) 30 mg
- Dramamine (dimenhydrinate) 50 mg
- Tums (calcium carbonate) 500 mg
- Pepto Bismol (bismuth subsalicylate) 262 mg
- Imodium (loperamide HCl) 2 mg
- Laxatives
- Antibiotic ointment

I have fully completed the Medical Information Form with full disclosure of any possible allergies. In addition, the following is a list of allergies that the Participant has to any Over-the-Counter Medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date