

Orange Girl Scout Day Camp *Beauty and Brains*

Thank you for registering for the Orange Girl Scout Day Camp. Your registration is not complete until payment and supplemental forms have been received. Supplemental forms and payment can be submitted using one of the following methods:

1. Submit forms and payment to your troop leader to combine with other troop participants. Your check should be made payable to your troop. This method makes it easier to keep troop members together. Troop leaders using this method must complete a Troop Worksheet and use a troop check to pay the amount due.
2. Mail or drop off the forms and payment to 165 N. Deerwood St., Orange, CA, 92869. Forms and payment must be dropped off or postmarked by May 9, 2020. Late fee for campers of \$20 applies after May 9. Registration closes May 16, 2020
3. Forms and payment may also be brought to walk-in registrations at 1006 Ridgeline Rd. Orange, 92869 on the following dates:
Saturday, May 2, 10:00AM – 3:00PM

Please submit the following forms along with your payment:

- Registration Summary
- Camper Unit Placement Form - Girls entering grades K-7
- Staff Aide Form – For girls and boys entering grades 8-12 (if applicable). Must be completed by Staff Aide.
- Adult Volunteer Form (if applicable). Must be completed by Full time and Part time Volunteers
- Universal Permission Slip/Health History form for each Camper, Staff Aide, Boy or Pixie. Completed and **SIGNED**.
- Adult Health History forms for each Adult Volunteer. Completed and **SIGNED**.
- Child Waiver of liability for each Camper, Staff Aide, Boy or Pixie. **SIGNED**.
- Adult Waiver of liability for each Adult Volunteer. **SIGNED**.

If you have any questions regarding your day camp registration, please contact:

Day Camp Business Manager – Chris Haithcoat orangegirlscoutdaycamp@gmail.com

For more information about the Orange Girl Scout Day Camp – Beauty and Brains

Please visit our website @ www.orangedaycamp.org



Orange Girl Scout Day Camp Registration Summary
Please complete this form and submit along with your payment

Family Last Name: _____ -Cell Phone Number _____

Email Address: _____

Registration and Field Trip Fees

| | | |
|--|---------|--------------------|
| Number of Girl Scout members attending as campers: | # _____ | x \$100 = \$ _____ |
| Number of additional fees for camper registrations after May 9, 2020 | # _____ | x \$20 = \$ _____ |
| Number of Girl Scout members volunteering as Staff Aides: | # _____ | x \$20 = \$ _____ |
| Number of Girl Scout adult members volunteering full time | # _____ | x \$0 = \$ _____ |
| Number of Girl Scout adult members volunteering part time | # _____ | x \$10 = \$ _____ |
| Number of Pixies/Boys attending | # _____ | x \$12 = \$ _____ |
| Additional camp T-shirt | # _____ | x \$8 = \$ _____ |
| Total Fees (Add the above) | | \$ _____ |

Credits

| | | |
|-------------------------------------|---------|--------------------|
| Full time Adult Volunteer Discount: | # _____ | x \$100 = \$ _____ |
| Product Sale Coupons ⁽⁵⁾ | | \$ _____ |
| Total Credits | | \$ _____ |

| | |
|---|----------|
| Total Payment Due (Fees minus Credits) | \$ _____ |
|---|----------|

If registering with your troop, please make check payable to your troop. Submit forms and check to your troop leader.

If registering as an individual: please make check payable to Orange Girl Scout Day Camp. Mail payment and supplemental registration forms by May 9 to: Orange Girl Scout Day Camp, 165 N. Deerwood St., Orange, CA 92869

For more information on the Orange Girl Scout Day Camp, visit www.orangedaycamp.org

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- (1) Incorrectly or incompletely submitted registration packets will delay your registration and acceptance into Orange Girl Scout Day Camp
 - (2) Campers of full time volunteers or registering as part of a troop that is providing fulltime or full time equivalent adult volunteers will receive priority for attending camp. Remaining camper spots will be filled on a “first come, first served basis” as adult leadership becomes available. Troops that want to be placed together in the same unit MUST provide volunteers to meet our ratio of 1 full-time volunteer for every 8 campers.
 - (3) Full refunds will only be given if we CANNOT place a camper. If a camper withdraws by June 1, a 50% refund will be given. No refunds will be made after June 1. Requests for refunds must be made in writing by June 1st by mail at the above address or email to hcoatfamily@cox.net. Full refunds will be given if camp is canceled due to coronavirus restrictions.
 - (4) Returned check fee \$15 cash plus registration fee payed in cash.
 - (5) Product sales coupon credits can ONLY be subtracted from money due IF you submit the coupon at the time of registration. If not, you MUST pay total due and when we receive the coupon, you will be reimbursed. Coupons must be received our no later than June 24, 2020. Expired coupons cannot be accepted.



| |
|---------------------------------|
| For camp use only Unit _____ |
|---------------------------------|

**Orange Girl Scout Day Camp
Irvine Park, Orange
Camper Unit Placement Form
Please complete for each camper registered**

Help us place your camper in the right unit for her:

Camper Name _____

School _____ Grade Fall 2020 _____

Troop Number _____ Level Fall 2020 _____

Buddy 1 _____ Troop Number _____

Buddy 2 _____ Troop Number _____

Are you registering with other members of your troop? Yes No

Is a leader or other adult from your troop volunteering at day camp? Yes No

If yes, list names:

**Orange Girl Scout Day Camp
Irvine Park, Orange
Staff Aide Day Camp Volunteer Application (for Youth to fill out)**

Name _____ Date of Birth _____

Age at camp _____ Grade in Fall _____ Current School _____

Email: _____ Cell _____

Camp name (if you have one) _____

Have you worked our day camp before? _____ If yes, how many years _____ what unit(s)? _____

What units are you interested in working with? List choices 1st – 7th NOTE: NO guarantees in placement!
 _____ Daisy _____ Brownie _____ Junior _____ Cadette _____ AIT _____ Pixies _____ Boys _____ Headquarters (program)

Please indicate t-shirt style preference _____ Regular _____ Ladies Cut (t-shirt size is entered with on-line registration)

Will you be at day camp every day ___Yes ___No If 'No', days you will attend: ___Mon ___Tues ___Wed ___Thurs ___Fri

Will you be at camp all day (9am-3:00pm), every day? ___Yes ___No. If 'No' list time you will be there each day:
 _____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Have you completed our camp AIT Training? ___Yes ___No -OR- GSOC Program Aide Training? ___Yes ___No
 If Yes, Date _____ If Yes, Date _____

List any experience you have had working with children:

| Your Position | Job description (what you did) | Agency (Girl Scout, YMCA, Church, etc) |
|---------------|--------------------------------|--|
| | | |
| | | |
| | | |
| | | |

References - List 2 people who can make a statement regarding your experience, character and abilities. At least one should be from Girl Scouts (Do not include relatives or friends)

| Name | Position | E-mail and/or phone |
|------|----------|---------------------|
| | | |
| | | |

By signing this, I acknowledge that I am volunteering to be a Staff Aide (youth volunteer) at day camp and as such, I am an important part of the Day Camp leadership. I understand that my duties will include the safety and well-being of younger campers; either in a camper unit or as program staff. I understand that I am expected to act in an appropriate manner in keeping with my duties and the Girl Scout Promise and Law. I understand that I will be under the supervision of day camp adult volunteers and at any time if I do not perform to Girl Scout standards, appropriate action will be taken which may include dismissal from the Staff Aide program (parent will be notified). I also understand that I am required to attend 1 session of day camp staff training (dates TBA) and that I will be placed to work in camp where needed, even if it is not one of my first choices.

Signature _____ Date _____



Orange Girl Scout Day Camp Adult Day Camp Volunteer Form

Name _____ Day Phone _____ Cell _____
 Email Address _____ Home Phone _____

Please check the day(s) you are volunteering:
 Full-time: Monday through Friday ____
 Part Time: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday
 Would you be available other days if needed ____ Yes ____ No What days _____
 What units are you interested in working with? List choices 1st – 8th NOTE: NO guarantees in placement!
 ____ Daisy ____ Brownie ____ Junior ____ Cadette ____ AIT ____ Pixies ____ Boys ____ HQ (program)
 Please indicate t-shirt style preference (size is entered with on-line registration): ____ Regular ____ Ladies Cut

List any children attending camp with you

| Name | (camp use) | Name | (camp use) |
|------|------------|------|------------|
| | | | |
| | | | |
| | | | |

List any experience you have had working with youth – include Girl Scout experience.

| Position | Year(s) | Council or Organization | City/State |
|----------|---------|-------------------------|------------|
| | | | |
| | | | |

Have you work this day camp before? ____ Yes ____ No. If so, what year(s) _____

Do you know of any reason why you would not be able to perform the essential functions of the job for which you are applying for with or without reasonable accommodations? YES NO
 If yes, what accommodations might be necessary? _____
 I give my permission to be photographed and permit Girl Scouts of Orange County to use the photos in print, internet, video and electronic marketing and promotional materials. ____ Yes ____ No

My signature below acknowledges that the information, I have provided on this form is true and accurate.

I have read the information and I understand that I am registering to attend and participate in Girl Scouts of Orange County day camp activities.

Signature _____ Date _____

(If you are a new volunteer you must complete a background screening, for more information go to:

<http://www.girlscoutsoc.org/volunteer> click on Background Screening Information)



Girl Health History and Annual Permission Form

October 1, 20____ to September 30, 20____

Please print This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the leader only. Information on this side is confidential and is only shared with those caring for the girl, such as a first aider. Parents are responsible to provide an updated Health History Form in the event that any of this information changes.

| | | |
|--|---------------------|---|
| Girl's name: | Phone: () | Name and phone of family physician: () |
| Family medical/hospital insurance carrier: | Policy or group no. | Name and phone of family dentist: () |

Date of last health examination: _____ List any activities to be restricted: _____

Please note any health conditions or concerns to consider during activities or when providing care:

- Asthma Bleeding/clotting disorders Diabetes Hearing impairment Heart defect/disease Seizures
 Chronic Headaches/Migraines Other (specify) _____
 Other (specify) _____ Other (specify) _____

Adaptive devices:

- Glasses/contact lenses Hearing aids Mobility Device Other (specify) _____

Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:

- Animals _____ Food _____
 Hay fever/plants/pollen _____ Insect stings _____
 Medicines/drugs _____ Other _____

Dietary needs — describe any practices to be followed: _____

Immunization history: I affirm that my daughter/dependent has all immunizations required by California public schools (see <https://cchealth.org/immunization/school-requirements.php>) Yes No Date of last Tetanus/DPT immunization: _____

Required or restricted medications:

- o My daughter/dependent needs or may need any of the following medications administered, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. Please note if your child has permission to carry their own medication. (Write "None" if there are none.) _____

- o I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) _____

- o Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) _____

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

| Optional permission to give over-the-counter medications or protective products: | | | | | |
|---|--|----------|------------------------------------|--|----------|
| I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions. | | | | | |
| Over-the Counter Medication | Permission | Initials | Over-the Counter Medication | Permission | Initials |
| Acetaminophen (such as Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Neomycin (such as Neosporin) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ibuprofen (such as Advil) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dimenhydrinate (such as Dramamine) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Calcium carbonate (such as Tums) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Sunscreen | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bismuth subsalicylate (such as Pepto Bismol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Insect Repellant | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pseudoephedrine (such as Sudafed) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Diphenhydramine (such as Benadryl) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature of parent/guardian _____ **Date** _____

Print name of parent/guardian _____

Complete Annual Permission section, on reverse. Questions or concerns about this form should be directed to the troop leader, or to customercare@girlscoutsoc.org.

Annual Permission Section

Please print

This side must be completed by parents/guardians of all girls. Information may be shared with other troop volunteers, when necessary.

| | | | | |
|---|---------------|----------------------------------|---------------------------------|--------|
| Girl's name: | Troop number: | Date of birth: | School for 20____-____ year: | Grade: |
| Address: | | Primary daytime phone: () | Primary evening phone: | |
| Parent/guardian 1 name | | Parent/guardian 1 phone: () | Parent/guardian 1 email: () | |
| Parent/guardian 1 address, if different from girl: | | | Relationship to girl: | |
| Parent/guardian 2 name | | Parent/guardian 2 phone: () | Parent/guardian 2 email: | |
| Parent/guardian 2 address, if different from girl: | | | Relationship to girl: | |
| Name of responsible person, other than above, to contact in an emergency: | | Responsible person phone: () | Responsible person email: | |
| Additional contact info for any of the above: | | | | |

| | |
|---|--|
| Is your daughter allowed to walk home by herself after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no | Additional persons to whom your girl may be released (example: carpool driver, babysitter) |
|---|--|

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ | <p>Permission for routine activities and field trips: My daughter/dependent has permission to travel to, attend and participate in troop- and council-sponsored activities that are 1) located within 150 miles and within the state of California, 2) not exceeding 8 hours or overnight, 3) not considered High Risk activities according to the High Risk Guidelines (activities requiring approval are considered "higher risk." A separate Trip or Event Permission Form must be signed for each event which includes those activities.), and 4) activities that discuss sensitive topics require a sensitive issues form.</p> <p>If "No" is selected here, a separate Trip or Event Permission Form must be signed for every trip or event which occurs outside the normal meeting place and time.</p> <p>Parents/guardians must be informed of activity and field trip details in advance, even when the Annual Permission Form is used. I understand that the troop/group leader(s) will communicate plans with families via one or more methods, including (choose methods): <input type="checkbox"/> Volunteer Toolkit, <input type="checkbox"/> Email, <input type="checkbox"/> Other(specify)_____</p> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ | <p>Permission to participate in money-earning activities: My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop/group. Additional forms are required to participate in the Council Product Programs. I understand that funds earned belong to the troop, and not to any individual; our contribution to the troop's success does not result in any individual financial benefit to my daughter or me.</p> |
| Initials _____ | <p>Permission to use photographs: Troop/Group Leaders will adhere to the photo permission listed on your annual membership form, and will follow the council process to identify girls who do not have permission to be included in videos, photographs, motion pictures, electronic images and/or audio recordings. Please be aware that neither the troop nor Girl Scout Council Orange County is responsible for images of your daughter/dependent taken/used by individuals who have not been authorized or permitted to do so by the troop or Girl Scout Council Orange County.</p> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ | <p>Permission for emergency medical treatment: I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter/dependent under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.</p> |

Special accommodations: My daughter/dependent requires the following special accommodations in order to be most successful. (Write "None" if there are none.) _____

Parent agreement: I have read and understand this Annual Parent Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader. I know of no reason why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse). In consideration of my daughter being permitted to attend troop-approved events, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event.

Signature of parent/guardian _____ Date _____



Day Camp Adult Volunteer Health History

Name: _____ Camp Name: _____
First Last

Gender: Female Male Birthdate: _____

Address: _____
Street Address City State/ Country Zip Code

E-mail: _____

Is this your first year as Day Camp Staff? No Yes

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare.

- _____ I have no chronic health concerns.
- _____ I have the following chronic health concern(s):
- Asthma
 - Headaches, Migraines
 - Sleep problem
 - Diabetes
 - Difficulty breathing
 - Dysmenorrhea
 - Fainting
 - Surgical history
 - Seizure disorder:
 - Back pain or injury
 - Knee or ankle weakness
 - Other: _____

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section.

1. Have you ever been hospitalized? Yes No
2. Have you ever passed out during or after extensive physical activity? Yes No
3. Have you ever been dizzy during or after extensive physical activity? Yes No
4. Have you ever had chest pain during or after extensive physical activity? Yes No
5. Do you tire more quickly than others during physical activity? Yes No
6. Have you ever had high blood pressure? Yes No
7. Have you ever had a racing heartbeat or skipped heartbeats? Yes No
8. Have you ever been knocked out or become unconscious? Yes No
9. Do you have skin problems (itching, rash, acne)? Yes No
10. Have you ever had a seizure? Yes No
11. Have you ever had a stinger, burner, or pinched nerve? Yes No
12. Have you ever had heat or muscle cramps? Yes No
13. Have you ever been dizzy or passed out in the heat? Yes No
14. Have you had mononucleosis in the past nine months? Yes No
15. Do you wear glasses, contacts or use protective eye wear? Yes No
16. Do you smoke and/or use other tobacco products? Yes No
17. Do you use e-cigarettes? Yes No
18. Do you have any dental issues/orthodontics (braces, retainers)? Yes No
19. For women: do you have any menstrual problems (pain, irregularity etc) Yes No
20. Do you have any allergies? This includes food, medication, bees, environmental, animals..... Yes No
21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? Yes No
 - If so, where? Head Shoulder Leg Neck Chest
 - Arm, hand Ankle Back Hip Foot
22. Have you been in countries other than the United States in the past nine months? Yes No

If yes, list the countries and the time spent in them.

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____



Day Camp Adult Health History

Please use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes." Please use another piece of paper as needed.

Mental & Emotional Health Information:

- A. Have you been diagnosed with attention deficit disorder (ADD or AD/HD)?
B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that may impact your ability to work?
C. Do you have an eating disorder?
D. Do you have a learning disability?
E. Do you have an emotional health concern that may impact your ability to do your job?
F. During the past year have you seen a professional about any emotional/mental concerns that could impact your work?

If "yes" to any of the questions in this section, please attach a statement that:

- A. Describes the concern and your management plan for addressing it while working at camp; and
B. Describes the support needed for your immediate supervisor and camp director

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone Number _____

Emergency Contact: Who do you want us to contact in an emergency?

First Contact: _____ Preferred Phone: (_____) _____ Relationship to You: _____
Alternate Contact: _____ Preferred Phone: (_____) _____ Relationship to You: _____

Authorization for Disclosure of Healthcare:

I verify that this health history is correct. That I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand that my health information will be used by the Day Camp's Health Staff in providing care to me and can be shared with and or viewed by the Day Camp Director.

Signature of Day Camp Volunteer: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREAT

(I) do hereby authorize the Girl Scout Council of Orange County as Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or at health center of camp by Registered Nurse and or designated First Aider.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable.

I also understand that the Girl Scout Accident/Sickness Insurance for GSOC Day Camp is secondary coverage. This means that the Girl Scout Insurance pays only the portion your family medical insurance does not pay, subject to limits set forth in the Accident/Sickness policy for GSOC Day Camp. If you do not have family medical insurance, our insurance company will require that you sign a statement to that effect. This authorization shall remain in effect while the staff is in attendance of GSOC Day Camp or camp activities.

Day Camp Volunteer Signature _____ Date _____

GIRL SCOUTS OF ORANGE COUNTY

CHILD DAY CAMP RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we), the undersigned parent, parents, or legal guardian of _____, a minor, hereby request that she be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from _____ to _____, and consent to my child's participation in all activities associated with attendance at Camp, including off-site activities (collectively "Camp Activities").

I am aware that while attending Camp, my child may engage in physical activities which may create a risk of harm to my child. I further understand that because of the nature of Camp, my child will not be constantly supervised, therefore potentially giving rise to certain unforeseen circumstances. These risks, in addition to all other possible risks, could result in injury and/or death, and my child and I fully understand the risks and the potential harm that can be associated with participating in Camp and the various Camp Activities. In consideration of my child being permitted to attend Camp and participate in Camp Activities, I hereby:

1. Agree to indemnify and save and hold the Girl Scouts of Orange County, their directors, officers, employees and agents (collectively "GSOC") harmless from any liability, loss, damage, or cost that may occur or be incurred due to the participation of my child in Camp, including all Camp Activities and travel to and from Camp;
2. Release, waive, discharge and covenant not to sue GSOC from all liability to me, my child, her personal representatives, assigns, heirs and next of kin for any loss or damages, and any claim or demands on account of injury to or resulting in death of my child, whether caused by the negligence of GSOC or of any other person while my child is at Camp, engaged in Camp Activities, or traveling to or from Camp;
3. Assume full responsibility for and risk of bodily injury or death, whether due to the negligence of GSOC or otherwise, while attending Day Camp, engaged in Day Camp Activities, or traveling to or from Day Camp. I expressly acknowledge and understand that accidents and injuries may occur while at Day Camp and expressly assume all of the risks due to the negligence of GSOC and any others participating or contributing to Day Camp;
4. Expressly agree, permit and assume the risk of any medical treatment which may be rendered and agree to expressly release and indemnify GSOC from any liability for providing, or failing to provide, any emergency medical treatment. Furthermore, notwithstanding any medical condition the nature of which I have disclosed to GSOC, I consent to allow my child to attend Camp. Furthermore, I expressly agree to assume the risks of any medical treatment which may be rendered, or failed to be rendered, with respect to such medical condition, by GSOC and any other party contributing to operation of Camp.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, fully understood its content and voluntarily sign this release, waiver, and indemnity agreement. I further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date

Adult Waiver and Release of Liability for Participation in Day Camp Activities

Girl Scouts of Orange County

I _____, hereby request to be permitted to attend the Girl Scouts of Orange County’s Day Camps (“Camp”) from _____ to _____.

GSOC does not require or expect parents to participate in Day Camp activities provided by the GSOC. A decision by any person to participate in these activities is purely voluntary. The GSOC is pleased to provide this opportunity for parents to participate in Day Camp activities with their daughter for the parent’s own enjoyment. The GSOC does not undertake to supervise adults attending Day Camp activities.

I hereby acknowledge that such activities are potentially dangerous and may involve the risk of injury and I hereby release, waive, and discharge the GSOC, its officers, employees, representatives, or agents (the “Releasees”) from all liability to myself, assigns, heirs, and next of kin for any and all loss or damage, and any claim, including a claim for workers' compensation benefits, or damages therefore on account of participation in said activity, or any other related activities that may occur, whether caused by negligent acts or omissions of the Releasees or otherwise.

I further hereby assume full responsibility for any risk of bodily injury, death or property damage, arising out of or related to participation in said activity(ies), whether foreseen or unforeseen and whether caused by the negligent acts or omissions of the Releasees or otherwise. I further acknowledge that injuries received may be compounded or increased by negligent medical attention or procedures of the Releasees and agree that this Waiver and Release of Liability and Assumption of Risk Agreement extends to all negligent acts or omissions by Releasees in providing such medical attention and is intended to be as broad and inclusive as permitted by the laws of the State of California in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Informed Voluntary Consent

I have read this Waiver and Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability of Releasees to the greatest extent allowed by law.

Signature

Print Participant’s Name

Date