



Adult Activity Waiver

This optional form may be requested by event coordinators when hosting adult participants for rigorous physical activities. The Adult Health History form is now retired.

Name of Girl Scout Event/Activity

Date

I, _____ the undersigned, attest and verify that I am mentally and physically fit and able to participate in this event/activity and acknowledge that I am aware of the inherent risks in participating in this event/activity. I understand that as a registered adult volunteer of Girl Scouts Nation's Capital I am covered under the Girl Scout insurance when participating in a Girl Scout event.

I waive this opportunity to disclose my health history.

I choose to disclose the following health information that may be helpful for a first aider or event coordinator to know about me: _____

Signature

Date

Print Name

Troop, Service Unit, or Association (if applicable)

Emergency Contact

Relationship

Phone

This form is available at: www.gscnc.org
Last Updated: August 2015