

Parental Permission Single Activity Form

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

Activity Type: ☐ Day Trip ☐ Overnight ☐ High Adventure ☐ Sensitive Issue

Description of Activity: _____ Activity Cost: _____ Transportation: _____

Activity Start and End Date(s): _____ Activity Location: _____

Departure Time and Location: _____ Return Time and Location: _____

Leader: _____ Adult-In-Charge: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

Additional Information: _____

Complete the Parent/Guardian Permission Statement below and return to: _____ by: _____
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____ Description of Activity: _____

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

I understand that I am responsible for ensuring that my child is prepared to participate in this activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that I must provide written permission for the first-aid to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aid, along with the medication which must be in the original container: ☐ Yes ☐ No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: ☐ Yes ☐ No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: ☐ Yes ☐ No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate: ☐ Yes ☐ No

My child is a registered Girl Scout, and I give her permission to participate in the activity described above: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____



Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury or death. Please read carefully.

I acknowledge that directly or indirectly, I have requested to participate in activities provided by Terrapin Adventures (TA) (which includes Terrapin Adventures, LLC, Savage Mill LLLP, (collectively referred to as "THE RELEASEES").

Description of Activities In this agreement "Adventure Activities" include but are not limited to traversing on ziplines and ropes courses, walking on cable suspension bridges, climbing ladders, negotiating a ropes challenge course, hiking in woods, kayaking, mountain biking, fishing, tubing, rappelling, horseback riding, sailing, windsurfing, geo-caching, being transported in a commercial passenger van, climbing up on towers or platforms.

Acknowledgement – Safety

I acknowledge that I am required to wear an approved helmet and other safety equipment while participating in certain Adventure Activities. I am aware that there are guides or instructors available to answer questions that I may have as to the proper use of the equipment. I am aware that the physical exertion required of Adventure Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that my mental and physical health are in a condition compatible with participating in the Adventure Activities and that I should seek medical advice if I know or suspect that my condition may be incompatible with Adventure Activities.

I acknowledge that I am not under the influence of alcohol, nor am I under the influence of any drugs, including prescription, illegal or over-the-counter medication, which could impair my ability to participate in the Adventure Activities. If I am taking medication, I affirm that I have seen a physician and have approval to participate in the Adventure Activities while under the influence of medication. I acknowledge that I am at least eight years of age.

Assumption of Risks

I understand that these Adventure Activities and services have an inherent level of risk of injury, personal property damage, and possible death. I am aware that participating in these activities involves some hazards including hiking on rough and uneven terrain; changing weather conditions which may cause parts of the courses to become slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impact or collision with trees/poles, other participants or guides; negligence of other participants or guides; and negligence on the part of THE RELEASEES, including the failure on the part of THE RELEASEES to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Adventure Activities. I acknowledge that even if I follow all appropriate practices and procedures there is still a risk of injury or death. I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of THE RELEASEES allowing me to participate in Adventure Activities and permitting my use of their property, ziplines, platforms, bridges, towers, trails, kayaks, bikes, roads, vehicles and other structures and equipment (herein referred to as "the facilities"), and for other goods and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. To waive any and all claims that I have or may have now or in the future against THE RELEASEES and to release THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, whether foreseen or unforeseen, as a result of my use of the facilities and my participation in the Adventure Activities, due to any cause whatsoever, including gross negligence, breach of contract, or breach of any statutory or other duty of care.
2. To hold harmless and indemnify THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participating in Adventure Activities.
3. The Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. The Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law.
5. If any dispute or controversy arises among the parties to this Agreement concerning any provision of this Agreement, that dispute or controversy shall be submitted for binding arbitration pursuant to terms of the Federal Arbitration Act. The dispute or controversy shall be submitted for resolution to a board of arbitration in Columbia, Maryland, composed of one member. Such arbitration shall be conducted

pursuant to the rules of the American Arbitration Association (the "AAA"), Commercial Rules (expedited version) and a decision of the board of arbitration (including an award of costs) shall be final and binding upon the parties. Each of the parties consents to the jurisdiction of the courts of the State of Maryland for enforcement of any arbitration award as stated above. THE PARTIES HEREBY AGREE TO AND EACH HEREBY DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES.

6. Each provision of this Agreement shall be considered separable and if for any reason any provision or provisions in this Agreement are determined to be invalid or contrary to any existing or future law, that invalidity shall not impair the operation of this Agreement or affect those portions of this Agreement which are valid.
7. Although Howard County, MD as the owner of Savage Park is not a party to this Agreement between myself and the RELEASEES, I hereby agree on behalf of myself, my heirs, executors and assigns to waive any and all claims, hold harmless and indemnify Howard County, MD its officer, agents, employees, volunteers and assigns, from and against any and all claims, actions or damages whatsoever arising from my participation in Adventure Activities unless due to the sole negligence of Howard County, MD with no negligence on the part of any other party.
8. By signing below I am giving Terrapin Adventures the right to take and use photos/videos taken during the days activities for use by THE RELEASEES for promotion purposes.

I am not relying upon any oral or written representations or statements made by THE RELEASEES with respect to the safety of Adventure Activities other than what is set forth in this Agreement. I acknowledge that THE RELEASEES have not made any representations as to the safety of the Adventure Activities.

I confirm that I have read, been fully informed, and understand this Agreement prior to signing it, and I am aware that by signing this Agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against THE RELEASEES.

For participants of a minority age, I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree, to his/her release of all THE RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify THE RELEASEES from any and all liabilities incident to this participant of minority age's participation in these Adventure Activities.

Please complete all the fields below

Weight Restriction

Participation in some activities is restricted, due to safety reasons, to persons of a certain age, weight and height. Please indicate your

Weight _____ lbs.

Height _____ inches

Age _____ please indicate age in years

Date of Birth: ____/____/____ (month/day/year)

____ I am not disclosing above information because I am just observing and not participating in anyway.

THIS IS A RELEASE OF LIABILITY.

DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND ITS CONTENTS. PLEASE COMPLETE ENTIRE FORM.

Date of Event: ____/____/____ (month/day/year)

Signature of Participant : _____

Print Full Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email address: _____

(We do not sell our lists to any outside entities)

Signature of Parent/Guardian if Participant is under 18 years of age

For Office Staff Use Only

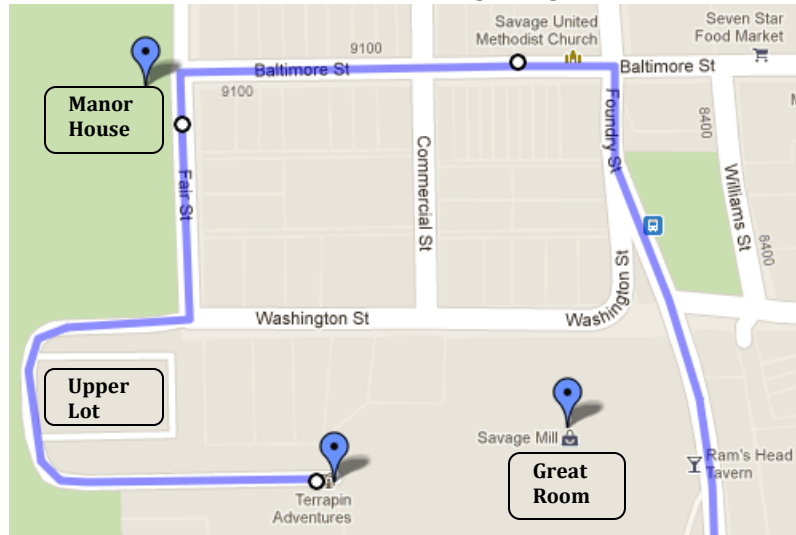
Witness Signature: _____ Print Name of Witness: _____

Directions to Terrapin Adventures

301.725.1313

8600 Foundry Street Savage, MD 20763

Please refer to these directions and distribute them to your group accordingly. **DO NOT** rely on **GPS** technology to get to our facility. While we are a part of the Savage Mill, the physical address is misleading, and the last two directions are critical to getting to our location.



From Baltimore:

Take I-95 South to Exit 38A, Rt. 32 East towards Ft. Meade. Follow signs to Savage Mill. In less than a mile, take exit 12B, Rt. 1 South. At 2nd light take a right on Gorman Rd. Take right at Foundry St. Take 2nd left on Baltimore St., 2nd left at Fair St. and enter parking lot.

From Washington:

Take I-95 North to Exit 38A, (follow the directions above).

From Annapolis:

Take Rt. 50 West to Rt. 97 North. After 8 miles take Rt. 32 West until exit 12B, Rt. 1 South. At 3rd light take a right on Gorman Rd. Take a right at Foundry St. Take 2nd left on Baltimore St., 2nd left at Fair St. and enter parking lot.

For Groups using the Manor House

The address is 8502 Fair St. Follow directions above. Manor House is at intersection of Baltimore & Fair St.

- * There is limited parking at the Manor House. Overflow parking is available at the Savage Mill Main Parking area located just around the corner at the end of Washington Street.
- * If using group transportation, please have all vans and buses park in the upper levels of the main parking area of Savage Mill, away from the building.

For Groups using the Great Room at Savage Mill

The address is 8600 Foundry St. Follow directions above.

- * There is no parking at the Great Room. Please use the available parking at the Savage Mill Main Parking area located just around the corner at the end of Washington Street.
- * If using group transportation, please have all vans and buses park in the upper levels of the main parking area, away from the building.