



# Release and Request to Participate

Member's Name (print):

\_\_\_\_\_

Description of Activity:

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

Date of Activity: \_\_\_\_\_ Depart: \_\_\_\_\_ AM/PM Return: \_\_\_\_\_ AM/PM

Details:

Method of Transportation:

Children delivered home    Parents pick up children    Walking    Private Car

Wear: \_\_\_\_\_  Other: \_\_\_\_\_

Bring: \_\_\_\_\_

I request that my child be permitted to participate in the activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to be a member of Camp Fire USA. I expressly request that my child participate voluntarily in the activity.
2. I understand and acknowledge that I waive and forever release and discharge Camp Fire USA Long Beach Area Council and its officers, employees, agents and volunteers from all liability, claims, loss, cost, or expense arising from or attributed to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other member's health.

### Medical Authorization

Should my child need to have medical treatment while participating in this activity, I hereby give Camp Fire USA Long Beach Area Council permission to use their judgment in obtaining medical services for my child and I give permission to the physician selected by Camp Fire USA Long Beach Area Council to render medical treatment deemed necessary and appropriate. I understand Camp Fire USA Long Beach Area Council has no insurance covering such medical or hospital costs incurred and such treatment shall be my sole responsibility.

\_\_\_\_\_ Member's Name

\_\_\_\_\_ Emergency Telephone Number

\_\_\_\_\_ Home Address

\_\_\_\_\_ Home Telephone Number

\_\_\_\_\_ Business Telephone Number

\_\_\_\_\_ Signature of Parent/Guardian

*Please list below any special instructions regarding medical treatment*

**I have read this Release and Request to Participate Agreement and understand that I will give up substantial rights by signing it, and sign voluntarily.**

Printed name(s) of Parent/Guardian \_\_\_\_\_

Signature(s) of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_