

Please Print
Last Name _____
First Name _____

Girl Scouts of the Chesapeake Bay Challenge Participant Agreement

This is a legally binding release, waiver, indemnification of liability, and express assumption of risk.

Please read this form carefully, fill in all blanks before signing.

I/My child, _____, hereby affirm that I have read this document in its entirety. By my signature below, I agree to each and every term and condition of this document.

I/My child understand that participation in Girl Scouts of the Chesapeake Bay (GSCB)'s zip line (hereafter referred to as an "event"), which involves climbing and swinging, carries with it certain inherent risks and dangers. These risks include, but are not limited to: scraps, cuts, bug bites, strains, sprains, broken bones, personal damage, injury, paralysis, loss, death, or property damage or loss. I understand that the aforementioned risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed. In the event of possible injury, I give permission for GSCB to authorize administration of medical care.

I/My child agree that I have met and completed all prerequisites in order to competently participate in this event which include: signing of the Challenge Participant Agreement. I am unaware of any physical or mental condition that would a) prevent me from safely participating in the event or b) endanger my health or safety or the health and safety of others due to my participation in the event. I attest that all of my questions regarding this event have been answered to my satisfaction.

In consideration of being permitted to participate in any way in the GSCB zip line, I, on behalf of myself/my child, my family, heirs, successors, assigns, or anyone claiming interest through me, do hereby knowingly, intentionally, and voluntarily release, waive, discharge, and agree to hold harmless Girl Scouts of the Chesapeake Bay, employees, and certified volunteer zip line facilitators (collectively referred to as "released parties") from any and all actions, claims, damages, and liability (including attorney fees and costs) that I, my family, heirs, successors, assigns, and anyone claiming interest through me, may have for any damage, injury, paralysis, loss, or death to myself or any other person or property arising out of my participation in this event, whether such damage, injury, paralysis, loss, or death results from negligence of any of the Related Parties or from some other cause.

I/My child hereby agree to indemnify all of the above named Released Parties for any and all claims, including attorney fees and costs, which may be brought against any or all of the Released Parties by anyone claiming to have been injured as a result of any injury, including death, to me or my property which may occur as a result of my participation in this event.

I/My child have read and understand that this release, waiver, indemnification of liability, and express assumption of risk, and sign this document on behalf of myself and my heirs with the intent to release, waive, and indemnify all of the Released Parties, whether passive or active) and to personally assume all risk of injury or death.

I/My child understand that this waiver is valid, unless revoked, for one year from date of signing.

I/My child hereby assert that my participation is voluntary and that I knowingly assume all such risks. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written statement, have been made.

I/My child further agree that this document will be interpreted in accordance with the laws of the state of Maryland. If any term or provision of this document shall be held illegal, unenforceable, or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

Participant's Full Name: _____

Participant Signature: _____
(signature of parent/guardian if under 18 years of age)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Date: _____