



PERMISSION SLIP AND RELEASE OF LIABILITY FOR MINORS

Trek Leader Name: _____
Trek Leader Phone Number: _____
Trek Leader Email Address: _____

I have read the GirlTrek website. My child, _____ (child's full legal name) has my permission to participate in the _____ (enter current year) GirlTrek Walking Season. I understand that the dates and locations of treks and races may vary and will consult the trek leader for details before allowing my daughter to participate.

Name of Parent/Legal Guardian: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Emergency Contact Name: _____ Phone: _____
Relation to Child: _____

General Release: I, _____ (sign name of parent/legal guardian of the above mentioned child) do hereby release GirlTrek, its employees, officers, directors, employees, leaders, volunteers, sponsors, agents and associated groups from liability that results from but is not limited to the inherent risk of outdoors activities and exercise. I understand that participation in this program is strictly voluntary. I understand that this release discharges GirlTrek, Inc. from any liability or claim that I may have against GirlTrek with respect to any bodily injuries, personal injuries, illnesses, death or property damage which may result from GirlTrek activities. I recognize and understand that the activities with GirlTrek shall include inherently hazardous activities such as exercise, speed walking, crossing streets, trail hiking, allergic reactions and animal encounters.

Medical Release: I, _____ (sign name of parent/legal guardian of the above mentioned child) am aware of the health risks associated with hiking and long distance walking/running and agree to consult a physician prior to allowing my child to participate. I understand that GirlTrek does not provide medical coverage. I verify that I will be responsible for any medical costs that I incur as a result of my child's participation. My child has permission to receive emergency medical care and first aid. Please list any allergies, special medical needs, or medications your child will be carrying on the hike:

Photo & Video Release: I, _____ (sign name of parent/legal guardian of the above mentioned child) do hereby grant and convey unto GirlTrek all right, title, and interest in any and all photographic images and video or audio recordings of my child made by GirlTrek during associated activities, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings

I have read and understand this release before signing.

signature of parent/legal guardian

printed name of signature above

date



RELEASE OF LIABILITY FOR ADULTS

Trek Leader Name: _____
Trek Leader Phone Number: _____
Trek Leader Email Address: _____

I have read the GirlTrek website. I _____ (full legal name) will to participate in the _____ (enter current year) GirlTrek Season. I understand that the dates and locations of treks and races may vary and will consult the trek leader for details before agreeing to participate.

Name of Parent/Legal Guardian: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Email: _____
Emergency Contact Name: _____ Phone: _____
Relation: _____

General Release: I, _____ (sign full name) do hereby release GirlTrek, its employees, officers, directors, employees, volunteers, leaders, sponsors, agents and associated groups from liability that results from but is not limited to the inherent risk of outdoors activities and exercise. I understand that participation in this program is strictly voluntary. I understand that this release discharges GirlTrek, Inc. from any liability or claim that I may have against GirlTrek with respect to any bodily injuries, personal injuries, illnesses, death or property damage which may result from GirlTrek activities. I recognize and understand that the activities with GirlTrek shall include inherently hazardous activities such as exercise, speed walking, crossing streets, trail hiking, allergic reactions and animal encounters.

Medical Release: I, _____ (sign full name) am aware of the health risks associated with hiking and long distance walking/running and agree to consult a physician prior to allowing my child to participate. I understand that GirlTrek does not provide medical coverage. I verify that I will be responsible for any medical costs that I incur as a result of my child's participation. My child has permission to receive emergency medical care and first aid. Please list any allergies, special medical needs, or medications your child will be carrying on the hike:

Photo Release: I, _____ (sign full name) do hereby grant and convey unto GirlTrek all right, title, and interest in any and all photographic images and video or audio recordings of my child made by GirlTrek during associated activities, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings

I have read and understand this release before signing.

signature of parent/legal guardian

printed name of signature above

date