

**WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF RISKS**  
**FOR BUGS, INSECTS, PLANTS, AND WILDLIFE**

Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Troop Name: \_\_\_\_\_ Troop Number: \_\_\_\_\_

The undersigned on behalf of himself/herself, or in his/her capacity as guardian for a minor participating in activities with the Girl Scouts, or on behalf of her Troop; and on behalf of a minor guest's personal representatives, assigns, heirs, and executors, (collectively a "Guest") hereby fully and forever releases Girl Scouts of Middle Tennessee, its employees, volunteers, directors, personal representatives, assigns, heirs, and executors (referred to collectively as "Girl Scouts"), from all loss(es) or damage(s) and any and all claims or demands, on account of injury to or death of the Guest caused by, resulting from, or contributed by bugs, insects, dangerous plants, wildlife, pests, and vermin ("Pests") in connection with Guest's attendance at events or in traveling to or from a facility of the Girl Scouts ("Activities"). The undersigned further makes the following representations and warranties:

1. Guest is in good physical condition and is able to safely participate in activities with the Girl Scouts;
2. The undersigned and Guest understand that the Girl Scouts provide access to outdoor activities and attempt to maintain the surroundings and grounds of their facilities in a natural state;
3. The undersigned and Guest understand that Pests inhabit the surroundings and grounds of its outdoor facilities, and that such Pests pose a risk to safety;
4. The undersigned and Guest voluntarily seek to expose themselves/Guest to a natural habitat including potential exposure to Pests;
5. The undersigned and Guest understand that the Girl Scouts are not responsible for injuries, harm, inconvenience, or inconvenience associated with Pests;
6. All statements made herein are true and correct and understands that the Girl Scouts have relied on them in allowing Guest to participate in Activities;
7. If Guest is a Troop leader, that Guest has advised her Troop of the presence of Pests: and
8. Guest authorizes emergency medical treatment in the event that an emergency exists.

**GUEST HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT**

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Signature of Guest (if adult) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR A MINOR**

The undersigned certifies that (1) Guest is my son, daughter, or other person whom I have legal guardianship over; (2) Guest has my permission to participate in the Activities; and (3) Guest is in good physical condition and is able to safely participate in the Activities. I hereby authorize medical treatment for him/her and grants access to Guest's medical records as necessary.

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Signature of Parent/Guardian for Minor Guest \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name of Minor Guest \_\_\_\_\_ DOB \_\_\_\_\_