

Health Information - Adult

Name: _____ Date of birth: _____

Address: _____ Phone: _____

Emergency contact: _____ Phone: _____

List any health conditions, allergies and physical or dietary restrictions: _____

List any medication currently taking: _____

Photo Release - Adult

By participating in Girl Scout activities, I acknowledge that I may be photographed, videotaped or otherwise recorded. I consent to allow all pictures of taken of myself to by used for publicity purposes by Girl Scouts of Gateway Council or Girl Scouts of the USA. I hereby indemnify and hold harmless the organization, its directors, officers and staff against any and all claims of damages arising out of the taking or use of any pictures or names of myself. Media may be used in promotional materials, news releases and other published formats. The media will be the sole property of either Girl Scouts of Gateway Council or Girl Scouts of the USA.

Name: _____ Date: _____

Signature: _____