



Historic Indian Agency House
Girl Scouts Day Registration Form

Saturday, August 28, 2021

Scout Group: _____

Contact Person's Full Name: _____

Contact Person's Phone Number: _____ Email Address: _____

Number of Girl Scouts Participating: _____ Number of Chaperones: _____

***Note: Each Scout and chaperone must individually complete a Waiver and Release Form to be submitted along with this Registration Form in one package.**

PLEASE CAREFULLY READ THE FOLLOWING:

Scout leaders / chaperones are responsible for directly supervising their own Scouts at all times, including during activities led by Historic Indian Agency House staff and volunteers. Scout leaders / chaperones are responsible for the health and safety of the Scouts under their care. All activities are at-your-own-risk. Scout leaders / chaperones are responsible for making sure that meals, bottled water, and personal needs of the Scouts are provided for throughout the day. Scout leaders / chaperones will ensure that Scouts follow the rules, use good etiquette, leave no trace, and treat the property and others with care and respect. Any activities undertaken on or around water (Fox River / Portage Canal) will not be supervised by lifeguards. Scout leaders / chaperones should recognize the risks, take all reasonable safety precautions, and assume responsibility for the welfare of their own group on and around water. I understand that HIAH may post photos from the event on Social media, use them for advertising purposes, and/or submit them with news releases. It is the policy of HIAH NOT to post the full names of minors along with photos on the internet. By signing below, I confirm that I have shared this information with the parents/legal guardians of the Scouts who will be participating in this event, as well as participating Scout leaders/chaperones.

I understand that there is a limit of 40 Girl Scouts who may participate in this event, and that registration is first-come, first-served. I have only registered those Girl Scouts and chaperones who have made a commitment to attend the event in fairness to all other troops who may wish to participate.

I understand that our group's registration will be confirmed as soon as it is processed by the Historic Indian Agency House in the order in which it was received and that our group may be placed on a waiting list if registration is filled. I understand that groups on a waiting list will be notified in the order in which registration was received if there are any cancellations.

If our group must cancel (or if our number participating ends up being less than what we registered above), I will notify the Historic Indian Agency House as soon as possible so that someone on the waiting list may take the place of our group or of the number of girls unable to attend. If there are additional girls who wish to attend after registration is submitted, I will contact the Historic Indian Agency House to inquire if space is still available for them.

As a recognized representative of the Scout group listed above, I have read this form carefully and agree to all its stipulations.

Signature

Date

Please mail this completed form along with all completed Waiver and Release forms in ONE package to: Historic Indian Agency House, 1490 Agency House Road, Portage, WI 53901.

Alternatively, the completed forms may be scanned & sent as ONE pdf to historicindianagencyhouse@gmail.com.

It is advisable to keep a copy of this paperwork for your own records, as well. We look forward to a fun and educational day with your group!



WAIVER AND RELEASE

By my signature below, I agree that I am participating in the **Girl Scouts Day Event** (the "Program") conducted at 1490 Agency House Rd., Portage, WI 53901 on the premises of the National Society of the Colonial Dames of America in the State of Wisconsin, ("Owner"), a 501c3 charitable nonprofit organization.

I understand that my participation in the Program may result in personal harm, loss, damage, injury, or death. I acknowledge and accept these risks on behalf of myself, my heirs, executors, and assigns. I acknowledge that Owner does not represent, warrant, or guarantee that the physical location of the Program is safe, appropriate for the Program, or that any equipment used in the Program is in good working order or maintained in proper working order.

Before, during, and after Program, I am solely responsible for determining whether I can or should continue or discontinue my participation in the program, or take actions to protect my health, safety, or physical status. I acknowledge and agree that Owner has no duty to review or evaluate my physical, medical, or mental ability related to my participation in Program, whether before, during, or after such Program.

I agree to conduct myself in a safe and reasonable manner while participating in Program. I agree not to participate in Program while under the influence of medicine, drugs, alcohol, while suffering from any medical, health or other condition (including, but not limited to, illness or injury) that may potentially cause harm or injury to me, to another participant, or to the property of Owner.

IN CONSIDERATION FOR MY PARTICIPATION IN THE PROGRAM, ON BEHALF OF MYSELF AND MY BENEFICIARIES, SUCCESSORS, ASSIGNS, AND MY ESTATE, TO THE FULLEST EXTENT ALLOWED BY LAW, I HEREBY WAIVE, RELEASE, FOREVER DISCHARGE, INDEMNIFY, AND HOLD HARMLESS OWNER, AND ALL OFFICERS, MEMBERS, MANAGERS, EMPLOYEES, AND AGENTS OF OWNER (COLLECTIVELY, THE "RELEASED PARTIES"), FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, COSTS, FEES, EXPENSES, CLAIMS, AND CAUSES OF ACTION (INCLUDING, WITHOUT LIMITATION, FOR ALL REASONABLE ATTORNEYS' FEES AND COSTS INCURRED IN ENFORCING THIS WAIVER AND RELEASE IN THE EVENT THAT I DO SUE ANY RELEASED PARTIES) IN RESPECT OF ANY INJURY OR ILLNESS (WHETHER MENTAL, PHYSICAL, PSYCHOLOGICAL, OR EMOTIONAL), LOSS OF LIFE, OR ACCIDENT OF ANY KIND OR NATURE WHATSOEVER, WHETHER KNOWN OR UNKNOWN, ARISING FROM OR IN CONNECTION WITH, IN ANY MANNER, PARTICIPATION IN THE PROGRAM, INCLUDING, WITHOUT LIMITATION, FROM ANY NEGLIGENCE OR OTHER FAULT OF ANY RELEASED PARTIES.

I understand that this Waiver and Release is intended to be as broad and inclusive as permitted by law, and I agree that if any portion is held invalid, the remainder of this Waiver and Release will continue in full force and effect.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a complete release, of all liability and indemnification of Owner and an assumption of risk. I understand that I am waiving any right that I may have to file a law suit to assert a claim against Owner, even for Owner's or its employees' or agents' own negligence or other fault for any personal injuries or property damage that I might suffer while on or about the Owner's premises. BY SIGNING BELOW, I CONFIRM THAT I HAVE READ, UNDERSTAND, AND HAVE VOLUNTARILY SIGNED THIS WAIVER AND RELEASE.

I confirm that I am at least 18 years of age or that this Waiver and Release contains the name and signature of my parent or legal guardian and his/her relationship to me.

Printed Name of Participant

Signature of Participant

Date

If participant is under 18 years of age:

Printed Name of Participant

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Relationship to Participant