



Permission to Participate – Form A

Participant’s Name (PLEASE PRINT): _____

Troop Number: _____ Leader/Adult Name(s) Traveling with Participant: _____

Departure City (circle one): Knoxville / Chattanooga / Johnson City Age Level: _____

This permission form has been signed only after understanding and considering the following:

The trip is planned for Thursday, June 7 through Sunday, June 10, 2012, traveling to Washington, D.C.

Purpose of Trip: Rock the Mall, 100th Anniversary Girl Scout Sing-Along

Supervision: Participants on the trip will be accompanied by parents and Troop Chaperones from their specific area. We encourage that you register as Troops to make sure you meet the adult-to-girl ratio, which is defined on the registration page.

Expectations and Instructions:

Girl Scouts are expected to conduct themselves in a respectful manner in attire, attitude, speech and conduct throughout the trip. Students are never to wander alone away from the group and must enable chaperones to know where they are. They are to follow instructions during a guided tour and not be disruptive. They are not to leave their hotel room after “lights-out” each night without explicit permission of chaperones.

Paying adults are expected to conduct themselves in a respectful manner in attire, attitude, speech and conduct throughout the trip. Each group is assigned a Trip Coordinator from their area that has authority to make all final decisions during the trip. Adults must travel at all times with assigned group, unless special requests have been approved prior to the trip. Any expenses incurred while apart from the group is at participant’s expense. Adults may be given various responsibilities by the Trip Coordinator, which would be clearly defined prior to the trip departure.

I understand the above expectations/special instructions and acknowledge that I and/or my child are expected to comply with them as well as other directions given by the Trip Coordinator for my group.

Insurance: I understand that all money paid towards this trip is nonrefundable, regardless of the reason for cancellation. I understand Travel Insurance may be purchased on the Class Act Tours website www.classacttours.com or directly through **TravelSafe.com**. I may also choose one of many travel insurance companies online to protect my investment.

(Check one) _____ I **will** be purchasing travel insurance for this trip. _____ I **will NOT** be purchasing travel insurance.

I (Parent/Guardian/Participant Name) (PLEASE PRINT): _____
request that the above-named Participant be allowed to participate in the trip planned and specifically consent to her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the Trip Coordinator in taking charge, arranging or consenting to the procedures or treatment in his/her or their discretion. I will disclose prior to the trip any daily medicine needed, medical conditions or known allergies, so that my chaperone can have full knowledge.

I agree that by signing this form, I have read and understood and signed the Class Act Tours Terms and Conditions (Form B). I further agree to release, indemnify and hold harmless any agents of Class Act Tours and/or Girl Scouts of America, its Board, and its employees, agents, or assignees, as well as its approved adult trip leaders/chaperones from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named participant, or the participant may have or may allege to have against the chaperones or which may be brought against the chaperones arising out of or in any manner relating to the student’s participation in the trip, including but not limited to the rendering of emergency medical procedures or treatment.

Name of Participant (PLEASE PRINT)

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian or Adult Participant

Date

Email Address: _____

Home Address: _____

Telephone (Home): _____ Cell: _____ Work: _____

Please submit Form A, B, C and D to jsandie@girlscoutcsa.org, fax to 865.689.9835 (Attn: Jen Sandie) or mail to Jen Sandie at the Knoxville Service Center at 1567 Downtown West Blvd. , Knoxville, TN 37919. Pay your \$25 deposit through the Council website on the events calendar.