



Girl Scouts.

Girl Scouts of Greater Atlanta, Inc. Horseback Riding Parental Permission

SHADED AREA BELOW TO BE FILLED OUT BY TROOP LEADER

Your daughter, _____ / Girl Scout Troop # (if applicable) _____ is planning to participate in a horseback riding activity at the following riding facility _____ .
DAY/DATE OF RIDING ACTIVITY TIME

- Camp Meriwether**, Luthersville, Ga., Girl Scout of Greater Atlanta, Inc.
 - Camp Misty Mountain**, Armuchee, Ga., Girl Scouts of Greater Atlanta, Inc.
 - Camp Pine Acres**, Acworth, Ga., Girl Scouts Greater Atlanta, Inc.
 - Girl Scouts of Greater Atlanta, Inc. approved horseback riding facility**
- NAME OF FACILITY CITY STATE

Troop Leader, please check the appropriate camp site to the left of this box before giving to parent/guardian.

Horseback riding requires girls to be mature enough to take responsibility for themselves and their horses. All participants must be able to pay attention to the riding instructor and follow all instructions while participating in a horse related activity. Girls will be assigned to horses or ponies based on: height and weight, prior riding experiences and style of riding requested. Camp staff members reserve the right to cancel or alter lessons due to incimate weather conditions.

Each girl will need: long pants and a shoe with 1/2-1 inch straight edge heel and a relatively flat sole (no hiking boots or waffle soles). Shoes must tie, use Velcro or zip (no slip ons). Slip on over-the-ankle boots are acceptable.

WARNING – GEORGIA EQUINE IMMUNITY ACT OF 1991

Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

Arrangements for transportation/mode of transportation _____

Time/place of departure _____ Time/place of return _____

Adults accompanying the girls _____

In case of emergency, the adult in charge of the troop will contact the parents.

ADULT IN CHARGE OF THIS FIELD TRIP AREA CODE + PHONE NUMBER

***** Return Lower Portion of this page to the adult in charge of this field trip. *****

My daughter _____ has permission to participate in horseback riding.

She can participate fully in this activity. Circle one: Yes No

Please describe any specific assistance your child requires to participate in this activity on the opposite side of this piece of paper.

During this activity, I can be reached at the following area code + phone number _____ .

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name _____ Relationship to child _____

Phone numbers + area code (H) _____ (Work/cell) _____

Physician's name _____

PHYSICIAN PHONE + AREA CODE

I have read and understand all information printed above.

PARENT/GUARDIAN SIGNATURE

DATE