



# Northern Lakes Canoe Base Authorization/Permission Form

Please return 4 weeks before your session:  
424 W. Superior Street, Suite G3, Duluth MN 55802

I, the parent/guardian, of the participant named below, have read and understand all of the enclosed information on safety, alcohol, smoking & drugs; PFDs (lifejackets); media releases and emergency procedures.

I am familiar with the plans and purpose of this program, and give full permission for my daughter/ward to attend this event and to participate in all phases of it.

I understand that if my daughter/ward is unable, for any reason, to remain as a participant in the opportunity, it will not be possible for her to remain at this program. Any added costs caused by an early return will be my responsibility.

I give my permission to transport my daughter/ward to the nearest hospital in case of emergency. I understand that every effort will be made to contact me if this action is taken.

I give my permission to provide emergency medical treatment to my daughter/ward. I understand that every effort will be made to contact me before taking this action.

I understand that I am liable for all medical fees if my daughter/ward is treated for any pre-existing medical condition.

I give my permission for Girl Scouts to use photographs of my daughter/ward in printed materials, news releases and/or audio-visual presentations.

**\*Cross out any portion of these statements to which you do not agree.\***

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY NOTIFICATION: (list parent/guardian first)**

Please notify me in the event of an emergency. I expect to be there during the duration of the program.

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Include area code) Home/Cell? Home/Cell?

**ALTERNATE EMERGENCY NOTIFICATION (other than a parent/guardian):**

The following person is authorized to act in my behalf if I cannot be reached in the event of an emergency.

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Include area code) Home/Cell? Home/Cell?