

Participant Waiver and Release

for Minors

_____ has my (our) permission to participate in

Name of Minor

_____ on _____

Event or Activity

Date

at _____ from _____ to _____

Location

Beginning Time

Ending Time

I understand and acknowledge that (description of activity: hiking, swimming, horseback riding) poses risks to my _____, including the risk of serious injury or death.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my _____,

Son, Daughter

myself, my heirs, executors and administrators, remise, release and forever discharge

Full Name of Organization

and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event. I hereby certify that the minor is my _____

Son, Daughter

and that his/her date of birth is _____, and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician. (If none, please write the word "none".)

1. _____

Signature

Print Name

Address

City

Phone

2. _____

Signature

Print Name

Address

City

Phone

Alternate Adult:

Signature

Print Name

Address

City

Phone