CONSENT FORM

APPROVAL BY PARENTS OR GUARDIANS

(For youth participants and guests under 21 years of age, participating in a Learning for Life activity.)

First name and middle initial of participant/guest _____ Last name _____

Address _____ Birth Date (month/day/year) _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Area Code and telephone No. (parent's business) _____ Area Code and telephone No. (home) _____

APPROVAL

(If two parents/guardians, both need to sign.)

FOR: _____ **ON** _____

Name of activity. Date(s)

PARENTS/GUARDIANS. Please read all of the statements on both pages before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Medical Release. In the event of illness or injury occurring to my son or daughter while involved in this Learning for Life trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company _____ Policy No. _____

Physician _____ Telephone No. (____) _____