



PARTICIPANT WAIVER AND RELEASE FOR MINORS

_____ has my (our) permission to participate in
Name of Minor

_____ at The Outdoor Lab from _____ to _____
Event or Activity Beginning Date/Time Ending Date/Time

I understand and acknowledge that hiking and general outdoor activity poses risks to my child, including the risk of serious injury or death.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge Arlington Outdoor Education Association 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 their 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 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

2. _____
Signature Print Name

Address Email Phone

Alternate Adult:

Signature Print Name

Address Email Phone