



## 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. ( ) \_\_\_\_\_

## Water Activities

In the event that the Learning for Life trip or activity takes place in total or in part on or near water, I certify that this youth participant/guest is (check one):

Non-Swimmer

Beginner Swimmer (Swim 25 ft. then make a sharp turn and swim back 25 ft.)

Advanced Swimmer (Swim 75 yards then make sharp turn and swim back 25 yards)

Lifeguard Certificate.

All such activities are to be conducted within the Safety Afloat, Safety First Guidelines.

## Explorer Driver Qualifications

When traveling to a Learning for Life event under the leadership of an adult tour leader (at least 21 years of age), a participant at least 16 years of age may be a driver subject to the following qualifications: (1) six months' driving experience as a licensed driver (time on a learner's permit of equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to the leader, driver, and riders.

## Waiver of Claims

In consideration of the benefits to be derived from participation in this Learning for Life trip or activity, any and all claims against Learning for Life, the group/post, and the participating organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the Learning for Life trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

## For Use by Notary Public if Required

In an effort to provide better youth protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

My commission expires: \_\_\_\_\_, year \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_