

Parental Consent Form

Assumption of Risk / Informed Consent / Voluntary Release

B.A.S.I.C. Training

“Building and Achieving Success in Chapters”

You will be taking part in a challenge course program that is physically and mentally challenging, but it is designed to be safe and within the capability of anyone in reasonably good health. If you know of any physical limitations that will limit your ability to participate in the course, please let your facilitator know.

The Georgia FFA-FCCLA Center operates under a “Challenge by Choice” philosophy, which means that you have the option to select your personal level of challenge in all activities. During the program, we will provide a challenging setting in which to expand your limits, while supporting your personal boundaries. As with any physical activity, there is some risk of injury. To minimize the potential for accidents, it is important to listen to the facilitators and follow their instructions. Please ask questions if you do not understand directions.

“I fully understand that my participation in the challenge / ropes course activities facilitated by the Georgia FFA-FCCLA Center and all of their employees and instructors could result in injury or death. I do voluntarily choose to participate in these activities. Also, my participation requires that I am of good physical condition and I do hereby accept all responsibility for my own physical well-being, and I do not have any medical conditions that will prohibit me from safely participating or will put me at risk of injury. Being fully aware of the degree of risk and injury to myself, I hereby release and hold harmless the Georgia FFA-FCCLA Center and all of their employees and instructors from any claim, action, damage, liability, and expenses of any kind resulting from accident or injury incurred while participating in these activities.”

Participant Name (print): _____

Participant Signature: _____ Date: _____

Group Name: _____ Date of Program: _____

Parent/Guardian Signature: _____ Date: _____

(Parent or guardian *must* sign if participant is under 18 years of age.)

Required Participant Information:

Date of Birth: _____ Male / Female / Other (*circle one*)

Home Address: _____

Parent/Guardian(s) Name: _____

Home phone: _____ Cell phone: _____

In case you are not available in an emergency situation, please indicate an additional person to be notified:

Name: _____ Relationship to student: _____

Contact Information: _____

Is this student covered by medical insurance? Yes / No (*circle one*)

Plan Name: _____ Group #: _____

Does the participant have any medical conditions (including recent surgery, pregnancy, healing fractures, back or neck injuries, heart condition, etc.) that would limit participation in the program? Yes / No

If yes, please explain: _____

List any current medications: _____

List any allergies: _____