

CONSENT FORMAPPROVAL 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)	
APPRO (If two parents/guardiar		
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Name of activity.	ON Date(s)	
PARENTS/GUARDIANS. Please read all of the states participation in the activity listed above. I hereby approve a claims of this CONSENT FORM and certify its correctness, the health and physical fitness requirements of the trip or a	nd agree to all of the terms, co Further, I agree that this partion	nditions, and waiver of
Parent/Guardian Signature	Date	
Parent/Guardian Signature		
Medical Release. In the event of illness or injury occurrin for Life trip or activity, I consent to X-ray examination, anes or treatment considered necessary in the best judgment of supervision of a member of the medical staff of the hospital	thesia, and/or medical or surgi the attending physician and pe	cal diagnostic procedures
It is understood that in the event of a serious illness or injur	ry, reasonable efforts to reach	me will be attempted.
Insurance Company	Policy I	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 certify that this youth participant/guest is (check one): Non-Swimmer	er, I
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 of age), a participant at least 16 years of age may be a driver subject to the following qualification six months' driving experience as a licensed driver (time on a learner's permit of equivalent is not counted); (2) no record of accidents or moving violations; and (3) parental permission has been to the leader, driver, and riders.	ons: (1) ot to be
Waiver of Claims	
In consideration of the benefits to be derived from participation in this Learning for Life trip 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 any other persons working under their direction or engaged in the conduct of their affairs, a out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered applicant named above or to his or her property, in connection with or incidental to the Lea Life trip or activity, including preliminary training and travel, are hereby expressly waived by applicant and the applicant's family or guardians.	them, o arising I by the arning fo
For Use by Notary Public if Required	
In an effort to provide better youth protection, certain states and foreign countries now require a releases covering minors to be notarized. In addition to this, they may also require proof of deat one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remark you will be traveling through or going to an area where either or both of these restrictions apply, bottom of this form to provide space for additional signatures as required.	h if only riage. If
Subscribed and sworn before me on this the day of, year	
My commission expires:, year	
Notary Public Signature:	