



ACTIVITY CONSENT FORM

Participant's name: _____
First *Last*

Date of Birth (month/day/year): ___/___/___ Age during activity: _____

For participation in the following activity:

- | | |
|-----------------------------------------------------------------------|---------------|
| Cross eXamination (<i>Huntsville</i>) Face To Face | Caving |
| Youth Rally (<i>Mobile</i>) Epic Encounter (<i>Camp Alamisco</i>) | Backpacking |
| Master Guides Camporee (<i>Camp Alamisco</i>) | Canoeing |
| | Rock Climbing |

Location of Event: _____

Leaving: _____ From: _____
Date

Returning: _____ To: _____
Date

___ Without restrictions ___ Special considerations or restrictions: _____

Initials I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Gulf States Conference, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Participant's signature: _____ Date: _____

PARENTAL CONSENT: *(to be completed and signed by parent/guardian if Participant is under 18 years of age.)*

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, or any other medical care needed to secure the proper treatment for my child.

Parent/guardian printed name: _____ Date: _____

Parent/guardian signature: _____

Relationship to child: _____ Date: _____

Area code and telephone numbers *(For Emergency Contact)*: