



educational endeavors
Inspiring Growth & Promoting Teamwork

Parental Permission to Participate High-Ropes/Team-Leadership Program

Consent to Participate & Release of Claims

I am aware that my son or daughter is given a choice to participate in the various High-Ropes/Team-Leadership activities sponsored by Educational Endeavors and that my son or daughter will have the right to participate in or to refuse to participate in each such activity. I acknowledge that any such activity may be or become physically and/or emotionally demanding and that certain inherent risks and dangers exist. I recognize that there is an element of risk in any adventure, sport, or activity, especially those which occur in or are associated with the outdoors.

As Parent or Guardian, I do hereby assume all risks and agree to release Educational Endeavors, its owners, agents, and associates, from any and all liability, loss, damage, or claims which may arise from my son's or daughter's participation in these activities. _____ (initials)

As Parent or Guardian, I do hereby assume all risks and agree to release Venture Up, Inc., its owners, agents, and associates, from any and all liability, loss, damage, or claims which may arise from my son's or daughter's participation in these activities. _____ (initials)

As Parent or Guardian, I do hereby assume all risks and agree to release the facility property owners, its owners, agents, and associates, from any and all liability, loss, damage, or claims which may arise from my son's or daughter's participation in these activities. _____ (initials)

Prior to my son's or daughter's participation, I will note below any condition or concern that may effect his or her participation in these activities, and I have noted any and all such conditions on this form.

Parent/Guardian

I hereby grant my permission for _____ to participate in these activities.
Print First and Last Name

Signed: _____
Parent/Guardian (if under 18 years of age) Date

Participant

I agree to abide by all rules, regulations, and standards for these activities as explained during each activity by Educational Endeavors' staff members.

Signed: _____
Participant Date

Concerns & Medical Notations: (Use backside if necessary)