

PARTICIPANT INFORMATION:
Name: _____ Gender: Male Female
Mailing Address: _____
Phone: _____ Birthdate: _____
Parent/Guardian: _____ Email: _____

DIETARY RESTRICTIONS:

Please indicate any dietary sensitivities/allergies/restrictions:

INFORMED CONSENT/PERMISSION FORM:

This form must be read and signed by every individual who wishes to participate and by a parent or guardian of the participant.

Elements of Risk:

The recreational activities involved in a Forest Cliff School Trip involve certain elements of risk. Injuries may occur while participating in these activities or while traveling between them. The risk of sustaining injury results from the nature of the activity and can occur without any fault of either the student, or the school board, it's employees/agents or the staff of Forest Cliff Camps Inc. By choosing to take part in this trip and it's activities, you are accepting the risk that accompanies the activities.

ACKNOWLEDGEMENT

We have read the above. We understand that in participating in the activities involved in the trip, we are assuming the risk associated with doing so.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in all allowed activities involved in a weekend Retreat to Forest Cliff Camps on _____, 2015.

Signature of Parent/Guardian: _____ Date: _____

FORESTCLIFF

CAMPS

Name: _____

Dietary Restrictions: