

PARENT PERMISSION FORM for WONDER CLUB

I, _____, AM AWARE THAT PARTICIPATING IN OUTDOOR ACTIVITIES INCLUDE CERTAIN RISKS INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. I AM ALLOWING MY CHILD TO VOLUNTARILY PARTICIPATE IN THIS ACTIVITY AND/OR INSTRUCTION WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVED.

I/WE understand that supervision of my child ends promptly at 5:00. At 5:00 I take full responsibility for my child. _____

Initial

My child has permission to ride the chairlift without an adult. _____

Initial

My child has permission to walk home at 5:00 without the supervision of an adult: _____

Initial

I/We understand that my child is expected to abide by the rules stated by the instructor. I /WE understand that my child will not be allowed to participate in this program if he/she does not follow the rules. _____

Initial

PLEASE PROVIDE A VALID EMERGENCY CONTACT PHONE NUMBER WHERE WE CAN RELIABLY REACH YOU BETWEEN 3-5 P.M.

Phone _____

We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise while playing outside, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Center of Wonder and instructors Brigid Sinram, Evan Smith, Andrew Angstrom, Snow King Resort, the United States Forest Service, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgements, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

MEDICAL INFORMATION

Please check below IF your child has sensitivity or allergy to:

Bee Sting Other _____ Required medications: _____

Child's physician: _____

Child's dentist: _____

I have read the information above and understand and agree to the terms described.

Student Name (Please print)

Parent or Guardian (signed)

Date