



Consent & Release Form

ROPES COURSE ACTIVITIES

Every participant is required to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s), so that they are prepared to respond appropriately if the need arises.

I understand that the ropes course may be physical or emotionally demanding. I affirm that my child's health is good and not under any undisclosed condition that bears upon physical fitness to participate in ropes course activities. I release the Mountain View Conference, and its staff members, from all liability for any injury from participation in ropes course activities.

Your child's name _____

Parent/Guardian's
Signature _____ Date _____