

**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 (*Huntsville*)

Caving

Face To Face Youth Rally (*Mobile*)

Backpacking

Epic Encounter (*Camp Alamisco*)

Canoeing

USS Alabama Battleship (*Mobile*)

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*):