



NO LIMITS RESIDENTIAL CARE LLC

“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”

FORM 6 — CONSENT FOR SPORTS, RECREATION & HIGH-RISK ACTIVITIES

Client Name: _____
Date of Birth: _____
Record Number: _____

SECTION 2 — PURPOSE OF THIS CONSENT

This consent authorizes No Limits Residential Care LLC to allow the child named above to participate in approved recreational, outdoor, therapeutic, and high-risk activities. These activities support emotional regulation, social development, physical health, and treatment goals.

SECTION 3 — TYPES OF ACTIVITIES COVERED

A. Routine Sports & Physical Fitness:

- Basketball, volleyball, soccer
- Swimming (pool, beach, lake)
- Running, walking, jogging
- YMCA or gym activities

B. Outdoor Recreation:

- Hiking, nature trails, fishing
- Parks, playgrounds, outdoor games

C. Therapeutic Outings:

- Amusement parks
- Bowling, skating
- Museums, zoos, aquariums
- Camping

D. Higher-Risk Activities (Clinically Approved Only):

- ATV guided rides
- Boating, paddle boats, kayaks
- Water parks
- Zip lines or adventure challenges

SECTION 4 — SAFETY & SUPERVISION

No Limits Residential Care will ensure supervision, safety equipment usage, readiness assessments, and age-appropriate participation. Youth who are not emotionally/behaviorally stable will not participate.

SECTION 5 — LIABILITY NOTICE

All activities involve inherent risk. By signing this form, you acknowledge these risks and release No Limits Residential Care LLC from liability for injuries caused by unavoidable accidents or events outside staff control.

SECTION 6 — TRANSPORTATION CONSENT

Transport to activities is governed under the Transportation Consent Form (Form 4).

SECTION 7 — MEDICAL RESPONSE

Staff may provide first aid, call EMS, or transport for medical care. Guardians will be notified as soon as possible.

SECTION 8 — CONSENT OPTIONS

- YES — I consent to full participation
- NO — I do not consent
- LIMITED — Only the following: _____

SECTION 9 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____