

## **Parent or Guardian Agreement**

If participant is under the age of 18, Participant's parent or guardian does agree and consent as follows:

1. As the legal guardian or parent, I do hereby give my consent and agree that \_\_\_\_\_ (hereinafter referred to in this Agreement as the Undersigned) may participate in the Activity described in the Agreement. My signature below is my affirmation that I have read the terms of this Agreement, that I understand those terms and conditions, including my duty to provide adequate medical coverage; to explain to the Undersigned the dangers and risks inherent in the Activity; and to explain and direct him/her to obey all of the rules of CPHC, and to comply with the directions from CPHC, Extreme Events MN staff and volunteers.
2. I understand that CPHC and its staff are not physicians or medical practitioners. With this knowledge in mind, I expressly consent to allow CPHC to provide, through medical staff of its choice, necessary medical treatment, First Aid and Emergency Medical Assistance and necessary medical transportation, including ambulance services, to a hospital, health care or treatment facility as deemed necessary with respect to any injury, or medical condition that may be observed during the course of the Undersigned's participation in the activity.
3. I, on my own behalf, and to the extent permitted by applicable law, on behalf of the Undersigned, hereby RELEASE CPHC and Extreme Events MN , their respective staff, employees, officers, agents and volunteers from any liability arising out of any negligent act or action that results in any loss, injury or damage that may occur as a result of or relates to participation in the Activity. I, on my own behalf, and to the extent permitted by applicable law, on behalf of the Undersigned, hereby waive all rights and claims for damages that I or the Undersigned may have against officers, and agents and volunteers.

I affirm that I am authorized to sign this Agreement and Parental Acknowledgement and Consent, and that no other person or entity is required to give his or her consent.

Dated: \_\_\_\_\_ Address: \_\_\_\_\_

Minors Name: \_\_\_\_\_ Minors Date of Birth: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_